

Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

Died at *Glen Morris* ^{Town}*Baltimore* ^{County}Date of death *1905* ^{Month} *Oct**29* ^{Day}Age *3* ^{Years}

Months

Days

Sex *Female*Color or Race *white*Birth-place *Glen Morris*

Occupation

Where Residing if not
at place of deathMarried, Single or Widowed *Single*Name of Wife or
HusbandFather's Name *James Agle*Father's Birthplace *Balto co B. a*Mother's Maiden Name *Fannie R Stauffer*Mother's Birthplace *Fredrick co Md*Name of person giving
Information *James Agle*How related
to deceased *Father*

CAUSES OF DEATH

Primary *Tubercular Meningitis*How long *6 wks*

Immediate

How long

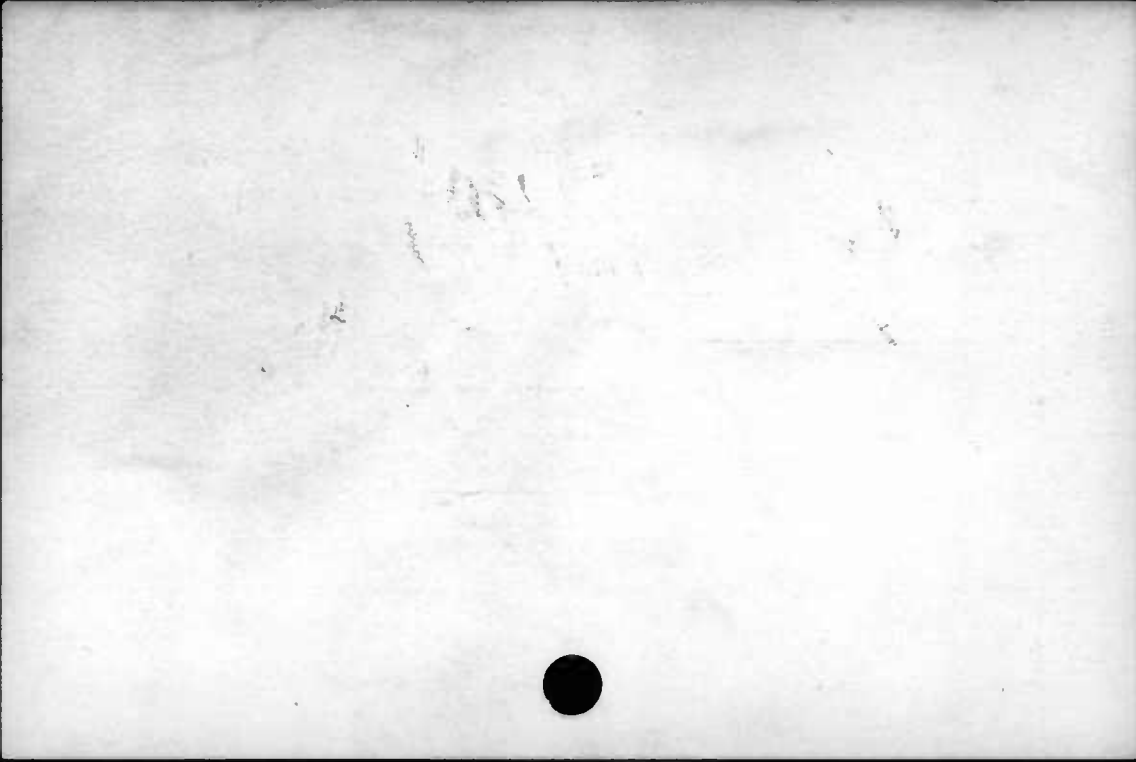
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

H. M. Seader
Reisterstown Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Sally Smith Alcott

CERTIFICATE OF DEATH

Died at ^{Town} *Reisterstown*^{County} *Baltimore*

MARYLAND

Date of death *1905* ^{Month} *Oct.*^{Day} *1*^{Years} *57*
Age *57*^{Months} *—*^{Days} *—*Sex *Female*Color or
Race*White*Birth-
place*Baltimore City*

Occupation

*House*Where Residing if not
at place of deathMarried, Single
or Widowed*Single*Name of Wife or
HusbandFather's
Name*G. R. W. Alcott*Father's
Birthplace*Ind*Mother's
Maiden Name*Ellen Cornickal Taylor*Mother's
Birthplace*Virginia*Name of person giving
Information*C. A. Alcott*How related
to deceased*Brother*

CAUSES OF DEATH

Primary

Epilepsy

How long

49 yrs.

Immediate

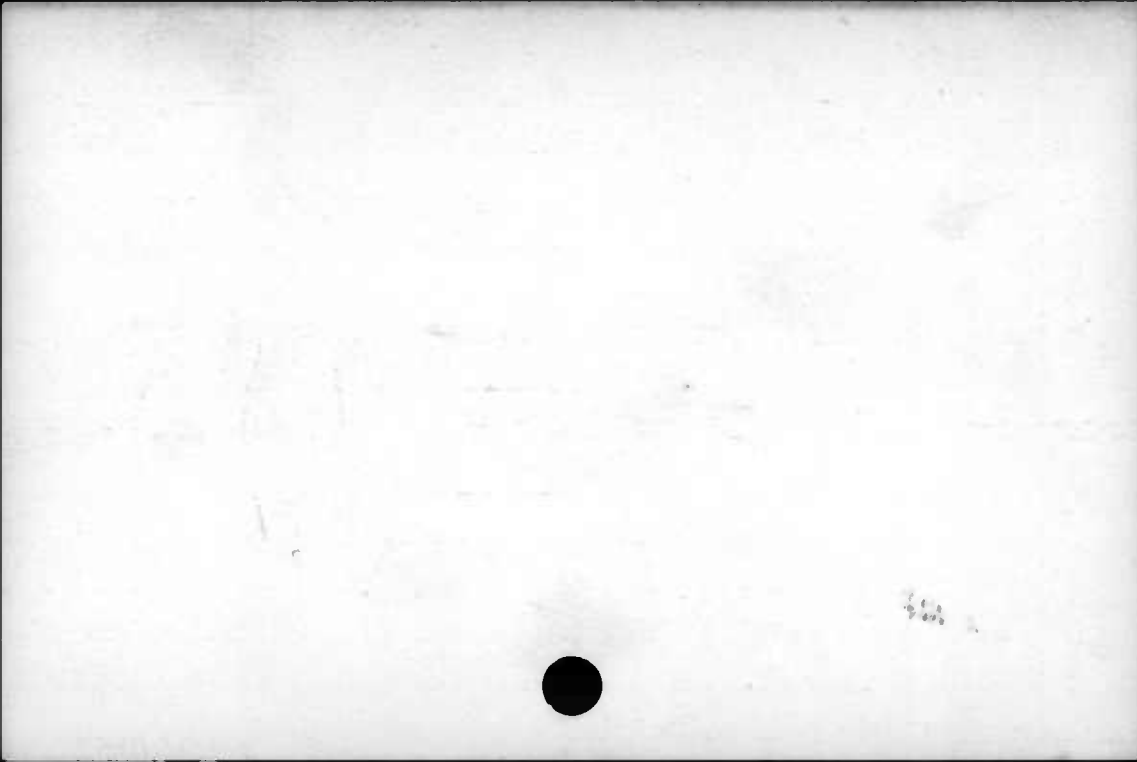
Exhaustion

How long

*3 days*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*H. M. Seader*

Address

Reisterstown~~Accident or Suicide?~~TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Henry Altrater</i>		Town <i>Highlandtown</i>		County <i>Baldw</i>		MARYLAND	
Died at <i>Highlandtown</i>		Month <i>Oct</i>		Day <i>4</i>		Years <i>68</i>	
Date of death <i>1905</i>		Months		Days			
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Germany</i>			
Occupation <i>Painter</i>		Where Residing if not at place of death <i>206 Canton Ave</i>					
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Conrad Altrater</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>—</i>		Mother's Birthplace <i>—</i>					
Name of person giving information <i>Jos Altrater</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Struck by train</i>	How long <i>—</i>
Immediate <i>Crushed to death</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Coroner John E. Muelly</i>
	Address <i>301 N. Clinton St</i>
Accident or Suicide? <i>Accident</i>	

101 Evangelical Rev
H. Sanders

Name
in
Full

Margaret A. Swos

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Tuxedo Park</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death <u>1905</u> - <u>October</u> ^{Month} <u>17th</u> ^{Day}		Age <u>69</u> ^{Years}		Months <u> </u> Days <u> </u>	
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Levell Co.</u>	
Occupation <u>House keeping</u>		Where Residing if not at place of death <u>Tuxedo Park.</u>			
Married, Single or Widowed <u>Widow</u>		Name of Wife or Husband <u>J. X. Swos</u>			
Father's Name <u>Wm Lovell</u>		Father's Birthplace <u>Levell Co</u>			
Mother's Maiden Name <u>Elizabeth Lovell</u>		Mother's Birthplace <u>" "</u>			
Name of person giving information <u>Ida Swos</u>		How related to deceased <u>Daughter.</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Dying from</u>	How long <u>16 days</u>
Immediate <u>Stroke</u>	How long <u>9 days (approximate)</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>R. B. Norment M.D.</u>
	Address <u>3543 Chestnut Ave</u>
	<u>Baltimore Md</u>
Accident or Suicide?	

A S Wais Hall.

3539 Falls Road

St Mary. Balt City

Oct 19-05

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *Joseph Amrhein*

Died at *Fullerton* Town *Baltimore* County

Date of death *1905* Month *Oct* Day *27* Age *44* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Germany*

Occupation *Taylor* Where Residing if not at place of death *Fullerton*

Married, ~~Single~~ *Widowed* Name of Wife or ~~Husband~~ *Regena Gundlach*

Father's Name *_____* Father's Birthplace *Germany*

Mother's Maiden Name *Regena Gundlach* Mother's Birthplace *" "*

Name of person giving information *Chas Amrhein* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

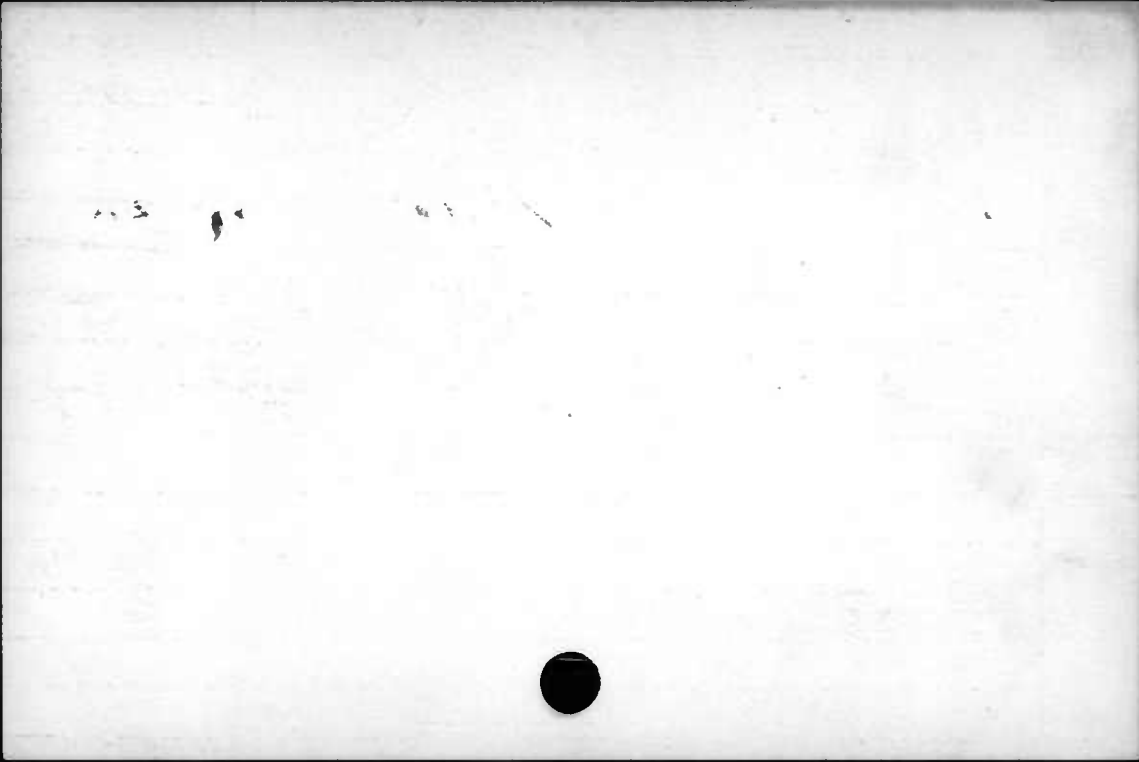
Primary *Cirrhosis Liver* How long *about 4 months*

Immediate *Hemorrhage and Failure Vital Forces* How long *Several Hours*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Luigard J. Whiteford*

I know of my knowledge Address *Fullerton, Md.*

Accident or Suicide? *No*



Name
in
Full

Still Birthe Anderson

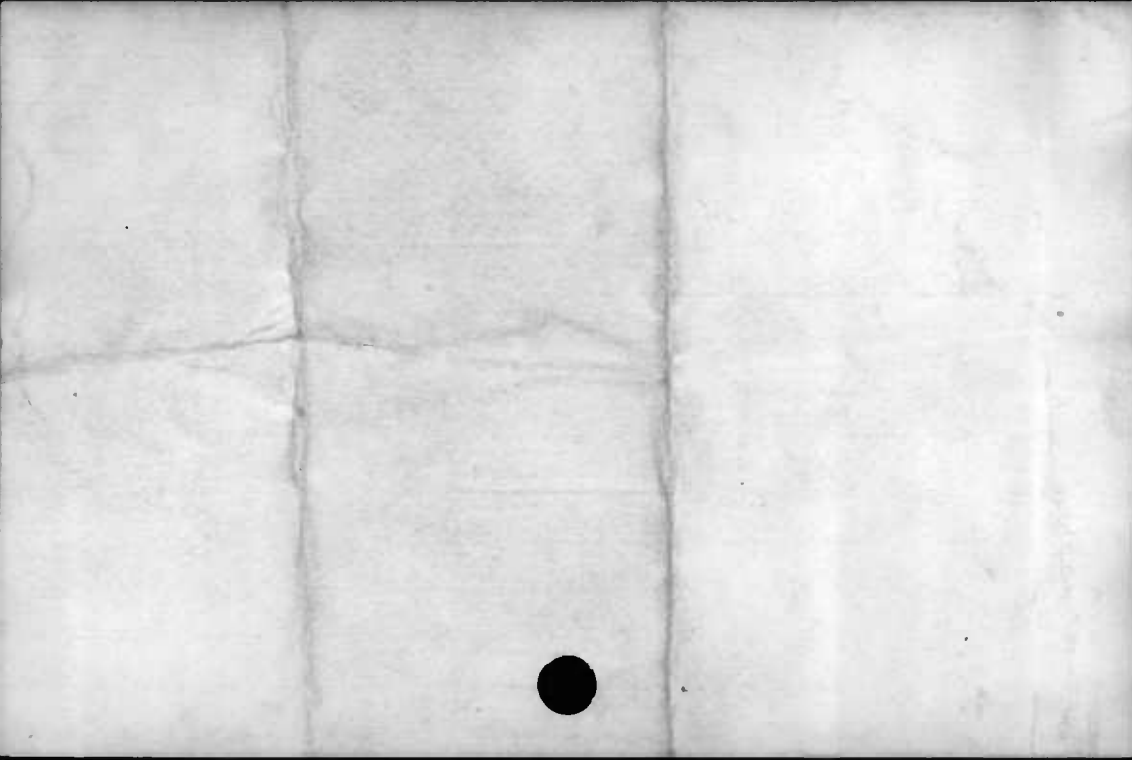
CERTIFICATE OF DEATH

Died at <i>Minneapolis</i> Town		<i>Balt.</i> County		MARYLAND	
Date of death	<i>Oct 1st</i> Month	<i>1st</i> Day	Age	Years	Months Days
Sex	<i>female</i>	Color or Race	<i>colored</i>	Birth-place	<i>Minneapolis</i>
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband		<i>Dora Anderson</i>		
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information	<i>S. S. Hammond</i>			How related to deceased	<i>Mother</i>

CAUSES OF DEATH

Primary	<i>Congenital Debility</i>	How long	
Immediate	<i>Still Birthe.</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes.</i>	Signature of Physician	<i>R. V. Skene</i>
		Address	<i>Art Williams</i>
Accident or Suicide?			<i>no.</i>

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

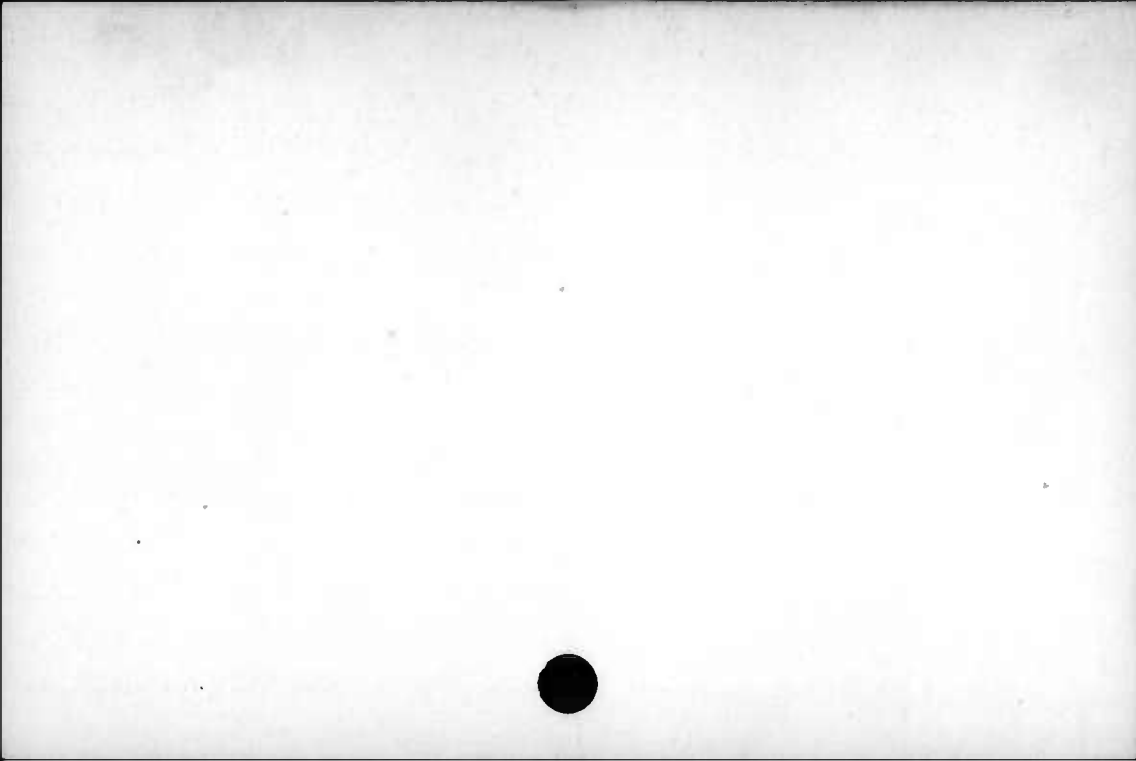
TO BE ANSWERED BY
NEAREST FRIEND

Name *Margt Mathias Anderson* Town *Hillman Road* County *Baltimore*
Died at *Hillman Road Baltimore* MARYLAND
Date of death 190 *5* Oct *10* Day *10* Age *46* Months *5* Days *6*
Sex *Female* Color or Race *White* Birth-place *Va*
~~Married, Single~~
~~or Widowed~~ Occupation
Name of Wife or Husband
Father's Name *Daniel Alex Anderson* Father's Birthplace *Scotland*
Mother's Maiden Name *Margt Whitiger* Mother's Birthplace *England*
Name of person giving information *(93)* How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Acute lobar pneumonia* How long *6 days*
Immediate *Suppurative of lungs* How long *24 hours*
Are the name, age, sex, color, date and place correctly given above? *Yes*
Signature of Physician *Wm. L. Jones*
Address *Gardenville Md*
Accident or Suicide?



Name
in
Full

William W. Athey.

CERTIFICATE OF DEATH

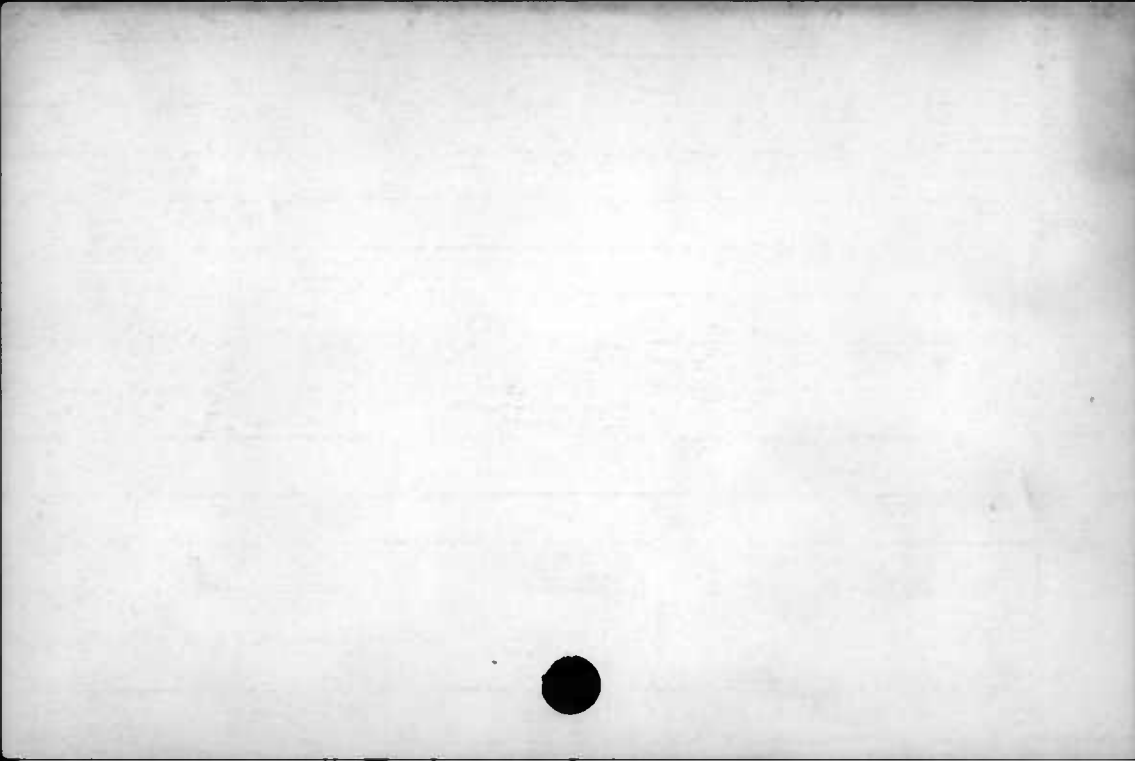
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Canton</u> ^{Town}		<u>Balto.</u> ^{County}		MARYLAND	
Date of death <u>1905</u>	<u>Oct</u> ^{Month}	<u>13</u> ^{Day}	Age <u>69</u> ^{Years}	<u>1</u> ^{Months}	<u>29</u> ^{Days}
Sex <u>Male</u>		Color or Race <u>White</u>	Birth-place <u>Va.</u>		
Occupation <u>Retired</u>			Where Residing if not at place of death <u>-</u>		
Married, <u>Yes</u> ^{or Widow}	<u>Married</u>	Name of Wife or Husband <u>Isabella Athey</u>			
Father's Name <u>Wm. B. Athey</u>			Father's Birthplace <u>Payson Va</u>		
Mother's Maiden Name <u>Mary M. W. Wheeler</u>			Mother's Birthplace <u>" " "</u>		
Name of person giving information <u>Mary E. Murray</u>			How related to deceased <u>Sister</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Pyrexia agitans</u>	How long	<u>3 1/2 years</u>
Immediate	<u>Exhaustion</u>	How long	<u>2 weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>L. E. B. Stiefel</u>	
		Address <u>16 W. Preston St</u>	
Accident or Suicide? <u></u>			



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Died at *Bevery*

Town

Baltimore

County

Date

of death

1905

Month

Oct

Day

28

Age

Years

61

Months

Days

Sex

*Male*Color or
Race*White*Birth-
place*Prussia*

Occupation

*Farmer*Where Residing if not
at place of death*—*Married, Single
or Widowed*Married*Name of Wife or
Husband*Pauline Mord*Father's
Name*—*Father's
BirthplaceMother's
Maiden Name*93*Mother's
BirthplaceName of person giving
In formation*Mrs. Babelke*How related
to deceased*Wife*

CAUSES OF DEATH

Primary

Double Pneumonia

How long

2 weeks

Immediate

Valvular Heart disease

How long

*—*Are the name, age, sex, color, date
and place correctly given above?*—*Signature of
Physician*C. Villase*

Address

*Prossville
Md*

Accident or Suicide?

Ant. Carver Leon
H. Sanderdon

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Highlandtown</i> ^{County} <i>Balt Co</i>		MARYLAND	
Date of death 190 ^{Month} <i>Oct</i> ^{Day} <i>19</i> ^{Years} <i>9</i> ^{Months} <i>9</i> ^{Days} <i>25</i>	Age		
Sex <i>male</i>	Color or Race <i>white</i>	Birth-place <i>Balt City</i>	
Married, Single or Widowed <i>single</i>	Occupation <i>highway</i>		
Name of Wife or Husband			
Father's Name <i>Andrew Badders</i>	Father's Birthplace <i>Harford Co.</i>		
Mother's Maiden Name <i>Marion Bowers</i>	Mother's Birthplace <i>Howard Co</i>		
Name of person giving information <i>Elmo Badders</i>	How related to deceased <i>mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pertussis in a delicate</i>	How long <i>24 days.</i>
Immediate <i>infant Broncho-pneumonia</i>	How long <i>4 days.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. G. Cooper M. D.</i>
	Address <i>2425 St. Paul St.</i>
Accident or Suicide?	

A S Ullas hall
3539 Falls Road
St Mary C. H.
Poalt City

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Joshua David Barnes

Died at *Verona* TownCounty *Balto*

MARYLAND

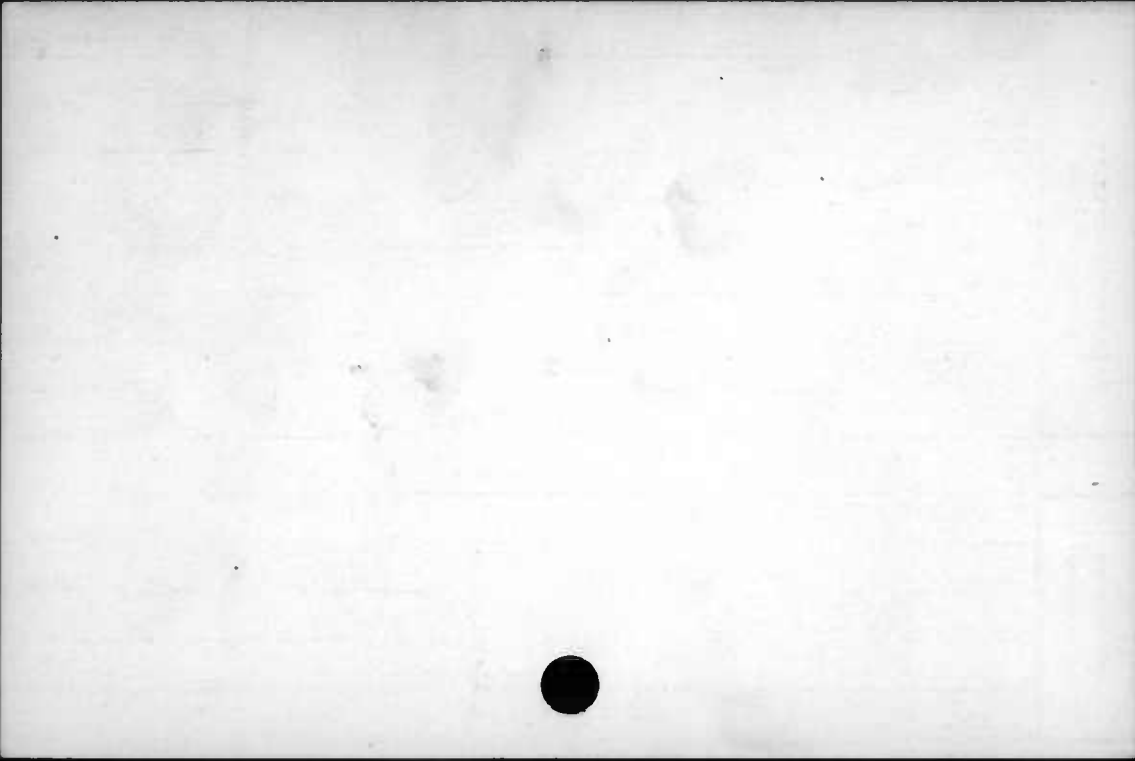
Date of death *1905* Month *Oct.* Day *12* Age *16* Years Months *1* Days *12*Sex *Male* Color or Race *Black* Birth-place *Balto*Occupation *Servant.*Where Residing if not
at place of death *—*Married, Single or Widowed *Single*Name of Wife or
HusbandFather's Name *Thos. A. Barnes*Father's Birthplace *Ind*Mother's Maiden Name *Mary Ellen Corkey*Mother's Birthplace *Ind.*Name of person giving
Information *Mary Ellen Barnes*How related
to deceased *Mother*

CAUSES OF DEATH

Primary *Typhoid Fever*How long *8 weeks*Immediate *Exhaustion*

How long

Are the name, age, sex, color, date
and place correctly given above? *yes*Signature of Physician *T. Ross Payne M.D.*Address *Croft
Ind.*Accident or Suicide? *No*



Name in Full		Barrett				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Fullerton</u>		Town		County <u>Baltimore</u>		MARYLAND	
	Date of death <u>1905</u>		Month <u>Oct.</u>	Day <u>25</u>	Age <u>69</u>	Years <u>Leaves</u>		Months
	Sex <u>Male</u>		Color or Race <u>Negro</u>		Birth-place			
	Occupation <u>Tinsmith</u>		Where Residing if not at place of death					
	Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Francis Barrett</u>					
	Father's Name					Father's Birthplace		
	Mother's Maiden Name					Mother's Birthplace		
	Name of person giving information <u>Mary E. Levett</u>					How related to deceased		
<div style="border: 1px solid black; padding: 5px; text-align: center;">CAUSES OF DEATH</div>								
PHYSICIAN OR CORONER	Primary <u>Mitral Insufficiency</u>		How long <u>do not know</u>					
	Immediate <u>Failure of Compensation</u>		How long <u>Found dead in chair</u>					
	Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>Quincy S. Litchford</u>					
	<u>To the best of my knowledge</u>		Address <u>Fullerton, Md.</u>					
Accident or Suicide? <u></u>								

Erstermet Laurel
Cent Belair Road
Geo W. Grammer
undertaker

Name
in
Full

James Alvin Bass-

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Catonsville</i>			^{County} <i>Baltimore</i>			MARYLAND	
Date of death	Month	Day	Age	Years	Months	Days	
<i>1905</i>	<i>Oct.</i>	<i>28</i>	<i>57</i>		<i>8</i>	<i>10</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Appomattox Co. Va</i>			
Occupation <i>Bookkeeper</i>			Where Residing if not at place of death <i>at place of death</i>				
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Annie Maria -</i>					
Father's Name <i>Dr. Isham Bass -</i>					Father's Birthplace <i>Va</i>		
Mother's Maiden Name <i>Amanda M. F. Chilton</i>					Mother's Birthplace <i>Va</i>		
Name of person giving information <i>Mrs Annie Maria Bass</i>					How related to deceased <i>wife</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Traumatic Hemorrhage (Bleeding)</i>	How long <i>22 hours</i>
Immediate <i>asphyxia</i>	How long <i>10 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Joseph E. Glick</i>
	Address <i>1516 Madison Ave.</i>
Accident or Suicide?	

Stewart & Mowen
215 Park ave.

Loudan Park Cemetery.

October 30, 05.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Not Named</i>		<i>Beard</i>		TOWN		COUNTY		MARYLAND	
Date of death <i>1905</i>		Month <i>10</i>		Day <i>11</i>		Age <i>Years</i>		Months <i>4</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Western Run Pk.</i>					
Occupation				Where Residing if not at place of death <i>" "</i>					
Married, Single or Widowed				Name of Wife or Husband					
Father's Name <i>Benjamin J. Beard</i>				Father's Birthplace <i>Oregon Ind.</i>					
Mother's Maiden Name <i>Rebecca Swan Means</i>				Mother's Birthplace <i>Darroville Mo.</i>					
Name of person giving information <i>John C. Beard</i>				How related to deceased <i>Brother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Infantile Convulsions</i>		How long <i>Two days</i>	
Immediate <i>Exhaustion</i>		How long <i>" "</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. C. D. Haskins M.D.</i>	
		Address <i>Butler Mo.</i>	
Accident or Suicide?			

To Be Perused at
Cuby Chaple
By Emerson & Price

Name
in
Full

Elmer F. Becker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

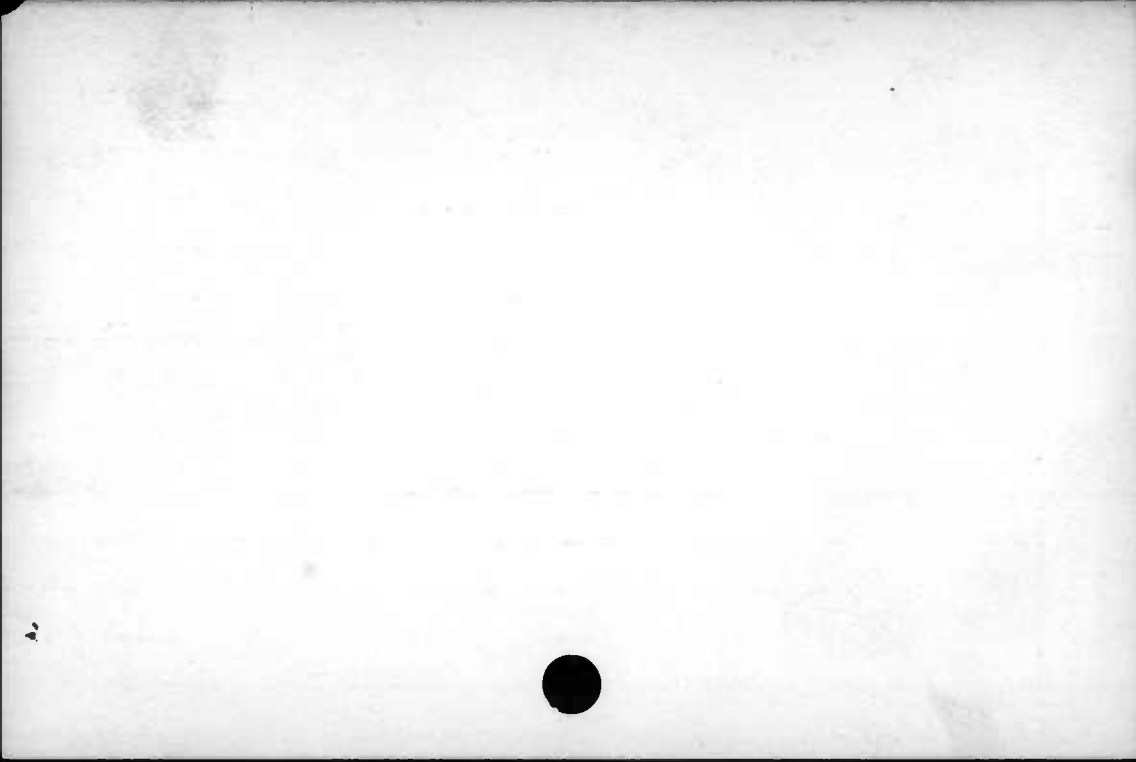
Died at ^{Town} *Chestnut Ridge*^{County} *Balto*Date of death ^{Month} *1905- Oct*^{Day} *18*Age ^{Years} *—*^{Months} *6*^{Days} *—*Sex *Male*Color or Race *white*Birth-place *Balto co Md*
*Chestnut Ridge*Occupation *—*Where Residing if not
at place of death *—*Married, Single
or Widowed *Single*Name of Wife or
Husband *—*Father's Name *Mrs B Becker*Father's Birthplace *Harroll co Md*Mother's Maiden Name *Ida M. Storms*Mother's Birthplace *Balto co Md*Name of person giving
information *Mrs B Becker*How related
to deceased *Father*

CAUSES OF DEATH

Primary *Influenza*How long *about 6 days*Immediate *11*How long *"*Are the name, age, sex, color, date
and place correctly given above? *yes*Signature of
Physician

Address

W. E. M. Jr
*Princeton Md*Accident or Suicide? *—*PHYSICIAN
OR CORONER



Name
in
Full

Margaret Beer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Canton TownBaltimore CountyDate of death 1905 Month Oct Day 28Age 63 YearsMonths 10 Days —Sex FemaleColor or Race WhiteBirth-place GermanyOccupation NoneWhere Residing if not at place of death —Married, Single or Widowed WidowName of ~~Wife or~~ Husband Peter BeerFather's Name don't knowFather's Birthplace GermanyMother's Maiden Name don't knowMother's Birthplace GermanyName of person giving information George W. BeerHow related to deceased Son

CAUSES OF DEATH

Primary

Nephritis

How long

3 Weeks

Immediate

Cardiac debility

How long

3 Weeks

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

F. A. Glantz

Address

41 Eastern Ave. Et.

Accident or Suicide?

Garret Heath-Cemetery

Oct. 31st - 1905

Germanus Tramm

Undertaker

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Gardenville* Town*Balto* CountyDate of death *1905* Month *Oct.* Day *19*Age *38* Years

Months

Days

Sex *Male*Color or
Race*White*Birth-
place*md*

Occupation

*Saloon Keeper*Where Residing if not
at place of death*as above*Married, Single
or Widowed*married*Name of Wife or
Husband*Kati Necker*Father's
Name*John Berger*Father's
Birthplace*Germany*Mother's
Maiden Name*Ans*Mother's
Birthplace*"*Name of person giving
InformationHow related
to deceased

CAUSES OF DEATH

Primary

Chronic Bright's disease

How long

6 months

Immediate

Congestion of lungs

How long

*several hours*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*Wm. D. Case*

Address

Gardenville Md.

Accident or Suicide?



Name
in
Full

Bertha L. B. Bien.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Stighlandtown</i>		^{County} <i>Balto</i>		MARYLAND	
Date of death	1905	Month	10	Day	7
Sex	Female	Age	21	Years	6
Color or Race	White	Months	22	Days	32
Birth-place	York, Pa.	Occupation	Housewife		
Where Residing if not at place of death	456 E. Lombard Ext.				
Married, Single or Widowed	Married	Name of Wife or Husband	Courad Bien.		
Father's Name	Charles Unig		Father's Birthplace	Balto Md	
Mother's Maiden Name	Margaret Eelgest.		Mother's Birthplace	Balto, "	
Name of person giving information	Courad Bien.		How related to deceased	Husband	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Puerperal Peritonitis</i>	How long	<i>12 da.</i>
Immediate	<i>Exhaustion</i>	How long	<i>3 da.</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>John G. Avery M.D.</i>
		Address	<i>1823 N. Broadway</i>
			<i>Balto City</i>
Accident or Suicide?	<i>No</i>		

J. Herwig & Son
5th Ger. Ref. Coem,

10/11/05

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town			County			MARYLAND		
Died at								
Date of death		190	Month	Day	Age	Years	Months	Days
Sex			Color or Race				Birth-place	
Occupation			Where Residing if not at place of death					
Married, Single or Widowed			Name of Wife or Husband					
Father's Name			Father's Birthplace					
Mother's Maiden Name			Mother's Birthplace					
Name of person giving information			How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	

John Burns Sons
Prospect-Hill Cerr
Tucson

Name
in
Full

CERTIFICATE OF DEATH

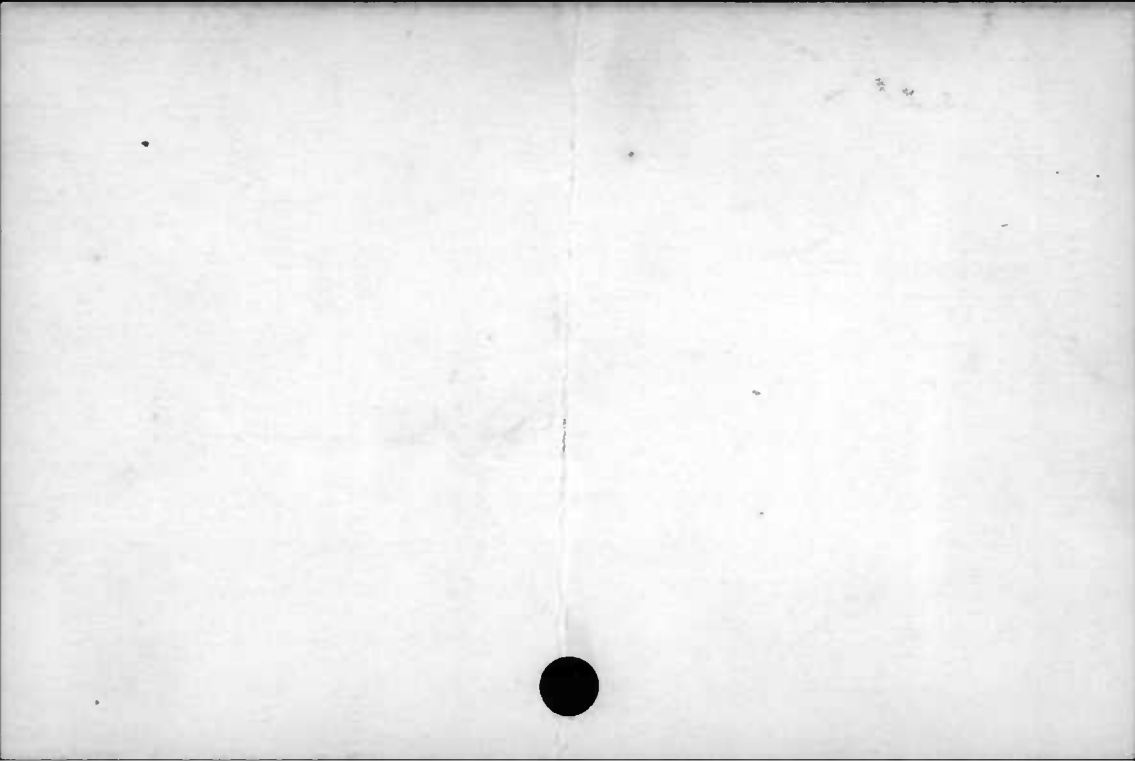
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Patapsco Neck</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death <i>1905 Oct</i> ^{Month}		<i>19th</i> ^{Day}		<i>Age about 55</i> ^{Years}	
Sex <i>male</i>		Color or Race <i>colored</i>		Birth-place <i>don't know</i>	
Occupation <i>Laborer.</i>		Where Residing if not at place of death <i>Patapsco Neck</i>			
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Elizabeth Boston</i>			
Father's Name <i>—</i>		Father's Birthplace <i>—</i>			
Mother's Maiden Name <i>—</i>		Mother's Birthplace <i>—</i>			
Name of person giving information <i>from personal knowledge,</i>		How related to deceased <i>has no relation here</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Intestinal obstruction</i>	How long <i>2 days</i>
Immediate <i>heart failure, from old lesion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>G. C. M. Cormier MD</i>
	Address <i>Sparrows Point</i>
Accident or Suicide? <i>no</i>	<i>M. J.</i>



Name in Full

Certificate of Death

Edward Bowers

Town

County

MARYLAND

Died at near Alberton

Baltimore

Date 1905

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1905

Oct

9

Age

15 yrs 3

Baltimore

Mill hand

Male

White

Married

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name Geo W Bowers

Mother's Name Mary Tillman

Cause of Primary Acute Articular Rheumatism

How long sick 10 days

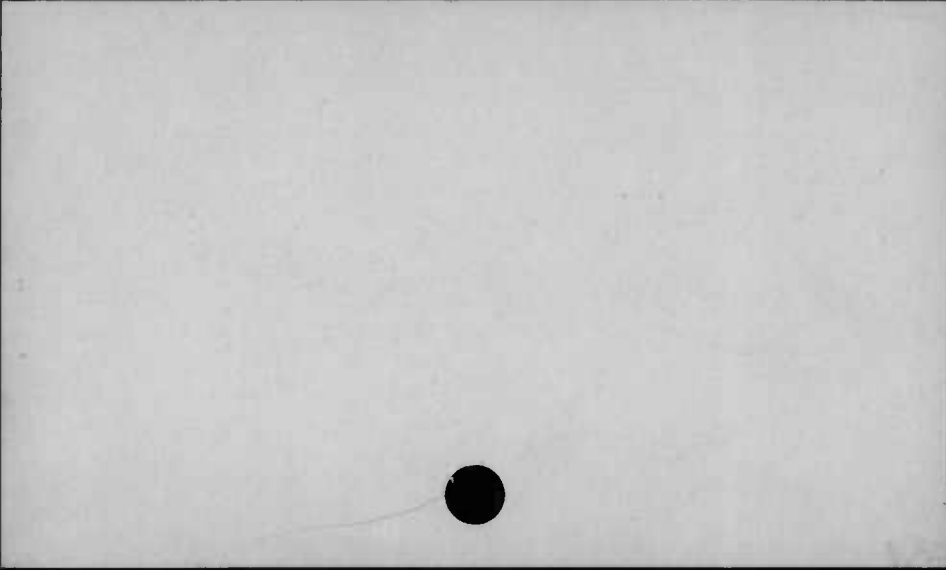
Death Immediate Endocarditis - Cardiac Asthenia

Accident, Suicide, Homicide

Reported by Frank D Miller M.D.

Address Alberton, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

William Branagan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} *Highlandtown*^{County} *Bel*Date
of death *1900*Month
*10*Day
2

Age

Years
*1*Months
*7*Days
*—*Sex *Male*Color or
Race*White*Birth-
place*Balto C*Occupation
*—*Where Residing if not
at place of death*218 Hudson,*Married, Single
or Widowed*Single*Name of Wife or
Husband
*—*Father's
Name*Christopher Branagan*Father's
Birthplace*Ireland*Mother's
Maiden Name*Nora Connelly*Mother's
Birthplace*Ireland*Name of person giving
In formation*Christopher Branagan*How related
to deceased*Father*

CAUSES OF DEATH

Primary

Diphtheria Paralysis

How long

2 weeks

Immediate

Exhaustion

How long

*24 hours*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

Address

*Dr. L. G. Maxfield,**3 and 1/2 South*

Accident or Suicide?

*no**Highlandtown*PHYSICIAN
OR CORONER

St Patrick's Lane.

H. Sunderham

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Jacob Branch (bal)</i>		Town <i>Baltimore</i>		County <i>Baltimore</i>		State <i>MARYLAND</i>	
Died at <i>bolgate</i>		Date of death <i>1905 October 26</i>		Age <i>—</i>		Months <i>—</i> Days <i>23</i>	
Sex <i>Male</i>		Color or Race <i>colored</i>		Birth-place <i>bolgate</i>			
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Jacob Branch</i>		Father's Birthplace <i>Va</i>					
Mother's Maiden Name <i>Alberta Smith</i>		Mother's Birthplace <i>Md</i>					
Name of person giving information <i>Jacob Branch</i>		How related to deceased <i>father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Frash</i>	How long	<i>—</i>
Immediate	<i>Teething</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Frederick G. Pfeiffer</i>
		Address	<i>1218 First St</i>
Accident or Suicide? <i>—</i>			

E Bryan

2146 no Elders St
adbury cemetery

Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

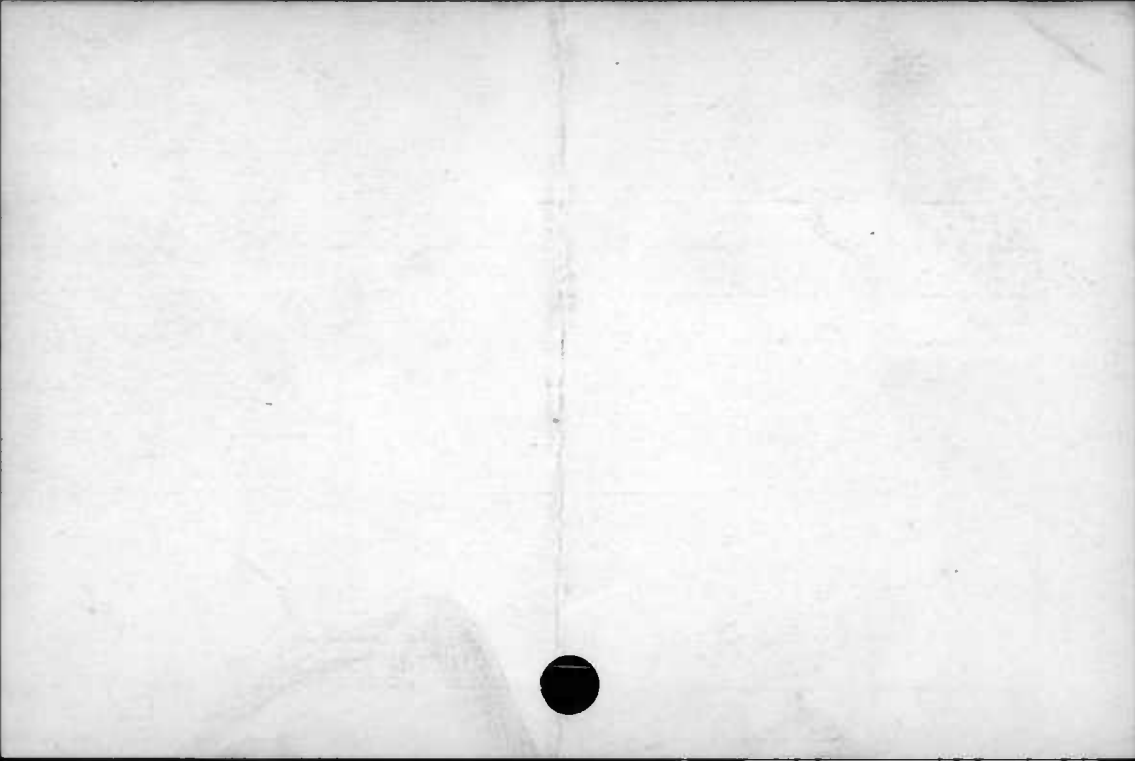
MARYLAND

Name *Sallie E. Bursery* Town *Texas* County *Baltimore*Died at *Texas* Date of death *1905* Month *Oct* Day *24* Age *50* Years Months DaysSex *Female* Color or Race *White* Birth-place *Texas Md.*Occupation *none* Where Residing if not at place of death *Texas Md.*Married, Single or Widowed *Single* Name of Wife or HusbandFather's Name *Clement Bursery*Father's Birthplace *Hanford Co. Md.*Mother's Maiden Name *Mary R. Cockey*Mother's Birthplace *Baltimore*Name of person giving information *B. F. Bursery*How related to deceased *Bro.*

CAUSES OF DEATH

Primary *Neurasthenia* How long *Six months*Immediate *Anterior Poliomyelitis* How long *Several months*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *B. F. Bursery M.D.*Address *Texas Md.*

Accident or Suicide?



Name
in
Full

Mary Pauls Butler

CERTIFICATE OF DEATH

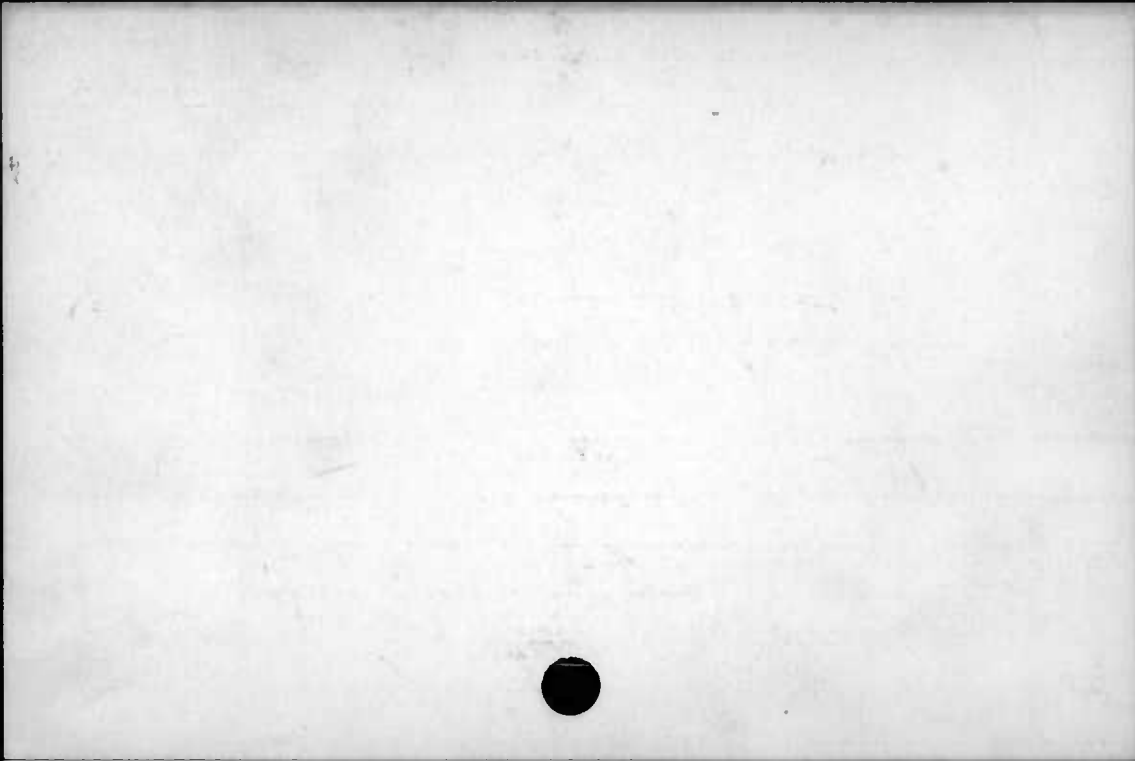
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Mt Hope Retreat		^{County} Baltimore		MARYLAND	
Date of death	1905	Month	Oct	Day	7th
Age		20 yrs	Months	Unknown	Days
Sex	Female	Color or Race	White	Birth-place	Mass -
Occupation	School teacher		Where Residing if not at place of death Boston Mass -		
Married Single or Widowed	Single	Name of Wife or Husband	(68)		
Father's Name	Unknown		Father's Birthplace	Unknown	
Mother's Maiden Name	"		Mother's Birthplace	"	
Name of person giving information	Recd. Mt Hope Retreat			How related to deceased	.

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Mania Chronic Acute	How long	abt one year
Immediate	Ex-Heart Failure	How long	3 or 4 days -
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Frank J. Flannery	
Address		Mt Hope Retreat Baltimore Co. Md.	
Accident or Suicide?			



Name in Full		Maurice () Butner		CERTIFICATE OF DEATH	
		Tcwn		County	
Died at		Fullerton		Baltimore	
Date of death		Month	Day	Years	Months
1905		Oct.	8	3	3
Sex		Color or Race		Birth-place	
Male		White		Md	
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		M. S. Butner		Father's Birthplace	
				Md	
Mother's Maiden Name		Nita Cook		Mother's Birthplace	
				Md	
Name of person giving information		M. S. Butner		How related to deceased	
				Father	
CAUSES OF DEATH					
Primary		Diphtheria (Laryngeal)		How long	
				About 48 hours.	
Immediate		Poisoning (Carbonic Acid)		How long	
				Several hours.	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address	
		Lingard J. Whiteford		Fullerton, Md.	
Is the best of my knowledge					
Accident or Suicide?					



Name
in
Full

William T. Calpe

CERTIFICATE OF DEATH

Town

County

Died at *Woodlensburg**Batto*

MARYLAND

Date

Month

Day

Years

Months

Days

of death *1906**Oct**14*

Age

36

Sex

*Male*Color or
Race*White*Birth-
place*Batto co Md*

Occupation

*Farmer*Where Residing if not
at place of deathMarried, Single
or Widowed*Married*Name of Wife or
Husband*Grace O. Calpe*Father's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formation*Andrew J. Barnes*How related
to deceased*Brother-in-law*

CAUSES OF DEATH

Primary

Tuberculosis

How long

3 yrs

Immediate

Tuberculosis of Lungs

How long

Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician

Address

John A. Wilson
Woodlensburg Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John H. Chunn*

Died at *Pikesville* Town *Baltimore* County

DATE of death 190 *5* Month *10* Day *31* Age *66* Years Months *—* Days *—*

Sex *Male* Color or Race *White* Birth-place *Ind*

Married, Single or Widowed *—* Occupation *Surveyor*

Name of Wife or Husband *—*

Father's Name *—* Father's Birthplace *—*

Mother's Maiden Name *—* Mother's Birthplace *—*

Name of person giving information *H. H. Mathews* How related to deceased *None*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Paralysis* How long *several months*

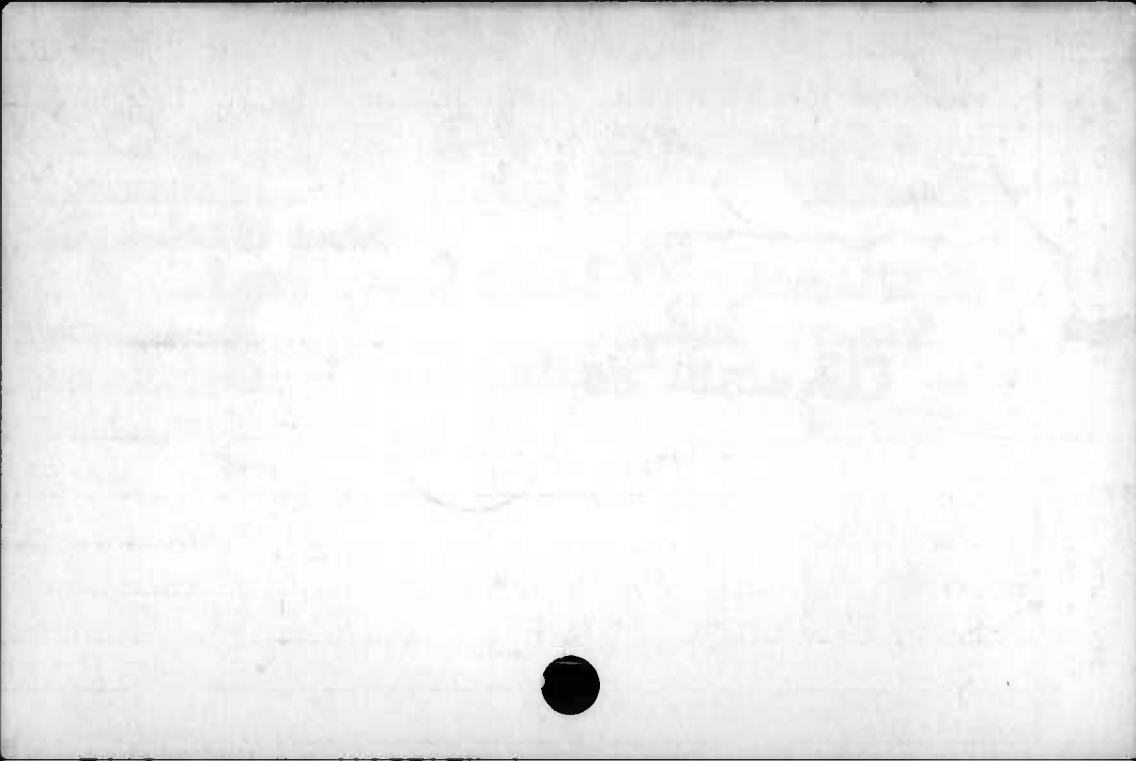
Immediate *" & general debility* How long *—*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *W. E. Nye*

Address *Pikesville Ind*

Accident or Suicide? *—*



Name

in
Full

Katharine Baily Coale

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Mount Washington		^{County} Baltimore		MARYLAND	
Date of death 1905		Month October	Day 29	Age 4	9 Months 3 Days
Sex Female	Color or Race White	Birth-place Baltimore			
Occupation		Where Residing If not at place of death Mount Washington			
Married, Single or Widowed Widowed	Name of Wife or Husband James Cary Coale				
Father's Name George Baily	Father's Birthplace Pennsylvania				
Mother's Maiden Name Elizabeth Gallagher	Mother's Birthplace Baltimore				
Name of person giving information E. Shipwith Nurse		How related to deceased grandson			

CAUSES OF DEATH

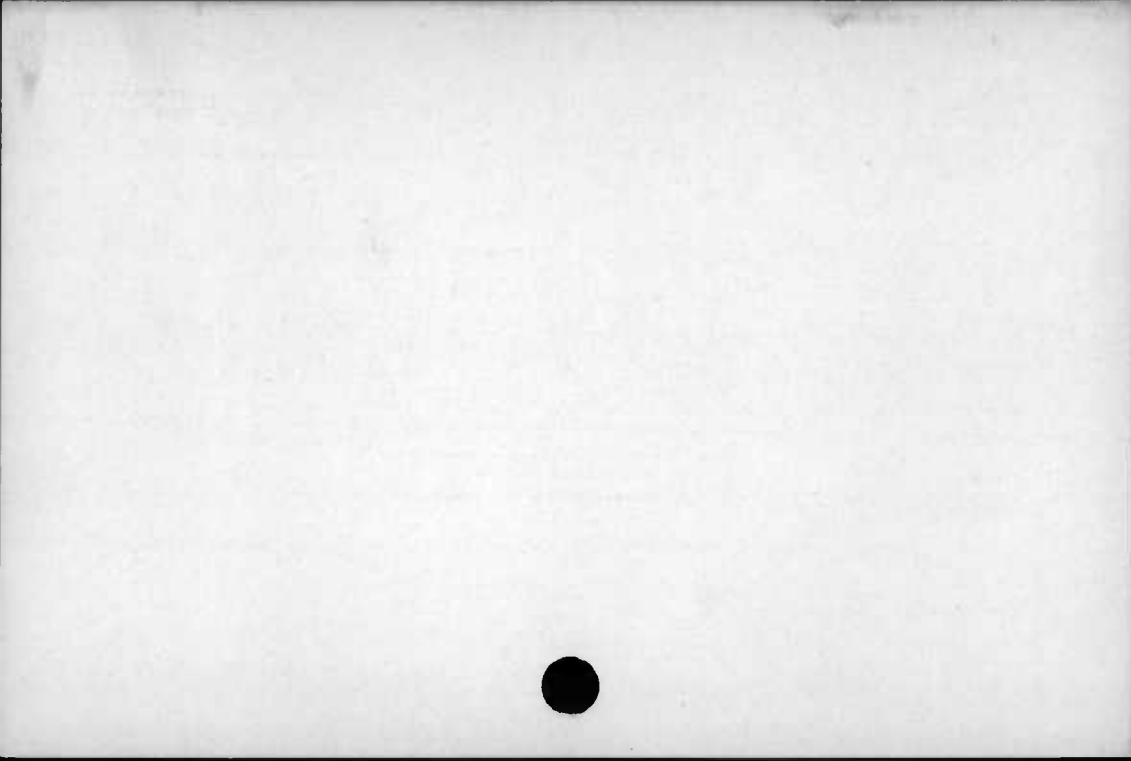
PHYSICIAN
OR CORONER

Primary Colangitis	How long 10 days -
Immediate Suppuration of urine & Trauma	How long 7 days -
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Alfred VanStale M.D.
	Address 921 Cathedral St. Baltimore Md.
Accident or Suicide?	

Dr Wansbitt

Collected St-mur Eoyar H-

Name in Full		Marcellus Coyle				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Mt Hope	County Retribution	MARYLAND		
		Date of death		Month 1905 Oct	Day 11th	Years Age 34 or 35	Months Unknown	Days Unknown
		Sex		Male		Color or Race		White
		Occupation		Laborer		Birth- place		Maryland
				Where Residing if not at place of death		Edgemont Md.		
		Married, Single or Widowed		Married		Name of Wife or Husband		Unknown
		Father's Name		Unknown		Father's Birthplace		Unknown
		Mother's Maiden Name		"		Mother's Birthplace		"
Name of person giving Information		Reeds Mt Hope Retribution				How related to deceased	Not at all	
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary				How long		
		Mania acuta				abt 14		
		Ex - Gen - Anasarea				at Mt Hope mos.		
		Immediate				How long		
		Ex - Gen - Anasarea				3 or 4 mos.		
		Are the name, age, sex, color, date and place correctly given above?				yes		
		Signature of Physician				Frank J. Flannery		
		Address				Mt Hope Retribution		
						Mt Hope Md.		
		Accident or Suicide						



Name in Full Paul Croce		Town Highlandtown		County Baltimore		CERTIFICATE OF DEATH	
Died at		Date of death		Age		Months	
		1905 Oct. 18		1/2		1/2	
Sex Male		Color or Race White		Birth-place Md.			
Occupation None		Where Residing if not at place of death					
Married, Single or Widowed single		Name of Wife or Husband					
Father's Name Quintino Croce		Father's Birthplace Italy					
Mother's Maiden Name Annice Beh		Mother's Birthplace Md.					
Name of person giving information Quintino Croce		How related to deceased Father.					
CAUSES OF DEATH							
Primary Baby Head Spasms		How long					
Immediate caused by Head Spasms		How long					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician					
		Address Maggie Shuring 504 Third Street					
Accident or Suicide?							

Mount Carmel Cemetery

Oct. 19th 1905

Germanus Lane

Undertaker

Name
in
Full

Thomas B Crooks

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at Randallstown

Baltimore

Date of death 1905 Oct

Day 28

Years 59

Months 8

Days 16

Sex male

Color or
Race

white

Birth-
place

Baltimore Co Ind

Occupation

none

Where Residing if not
at place of death

Randallstown Ind

Married, Single
or Widowed

married

Name of Wife or
Husband

Annis Crooks

Father's
Name

John Crooks

Father's
Birthplace

Baltimore Co Ind

Mother's
Maiden Name

Charlitt, Green

Mother's
Birthplace

Baltimore Co Ind

Name of person giving
In formation

Annis Crooks

How related
to deceased

wife

CAUSES OF DEATH

Primary

Intestinal Carcinoma

How long

about 6 months

Immediate

Exhaustion of Organs

How long

few hours

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

St. J. Triple and
Grand

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Wesley Royston Caddy

CERTIFICATE OF DEATH

Died at ^{Town} *Near Arbutus*^{County} *Baltimore*

MARYLAND

Date of death 1905 ^{Month} *Oct* ^{Day} *16*^{Years} *77*^{Months} *8* ^{Days} *17*Sex *Male*Color or Race *White*Birth-place *Monkton*~~Married, Single~~
~~or Widowed~~Occupation *None*

Name of Wife or Husband

Clara Stabler

Father's Name

Lawson Caddy

Father's Birthplace

Balto Co

Mother's Maiden Name

Rebecca McElburg

Mother's Birthplace

" "

Name of person giving information

R.A. Stabler

How related to deceased

Daughter

CAUSES OF DEATH

Primary

Croup des Soieil

How long

4 days

Immediate

Periculous Anemia

How long

6 Weeks

Are the name, age, sex, color, date and place correctly given above?

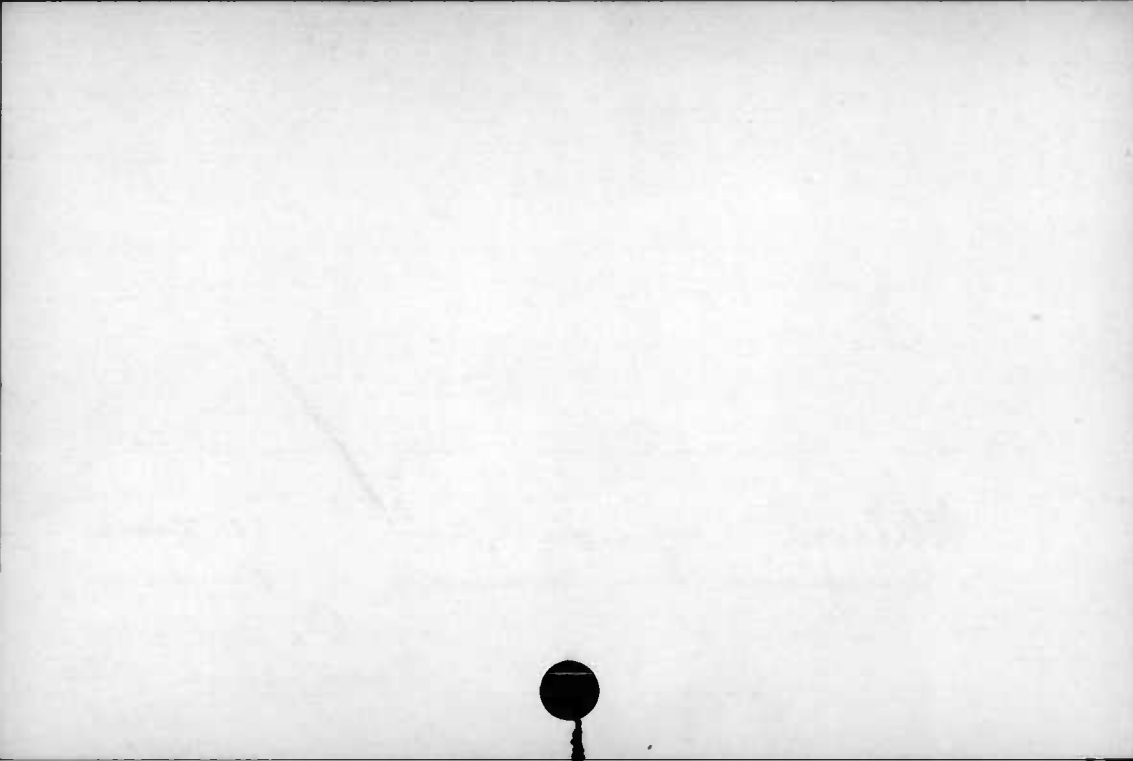
Yes

Signature of Physician

Address

J. Whitely
Catonsville

Accident or Suicide?



Name
in
Full

Mary Davis

CERTIFICATE OF DEATH

MARYLAND

Died at 1st St Baltimore

County

Baltimore

Date

of death

1905 Oct 18

Age

Years

70

Months

Days

Sex

Female

Color or
Race

(Cbl)

Birth-
place

Md

Occupation

House Duties

Where Residing If not
at place of deathMarried, Single
or Widowed

Widow

Name of Wife or
Husband

Lloyd Davis

Father's
Name

William Dyson

Father's
Birthplace

Md

Mother's
Maiden Name

Margaret Dyson

Mother's
Birthplace

Md

Name of person giving
Information

Victorine Fisher

How related
to deceased

Daughter

CAUSES OF DEATH

Primary

Mitral Regurgitation

How long

1 year

Immediate

Cardiac insufficiency

How long

1 week

Are the name, age, sex, color, date
and place correctly given above?

Yes.

Signature of
Physician

G. C. Smith

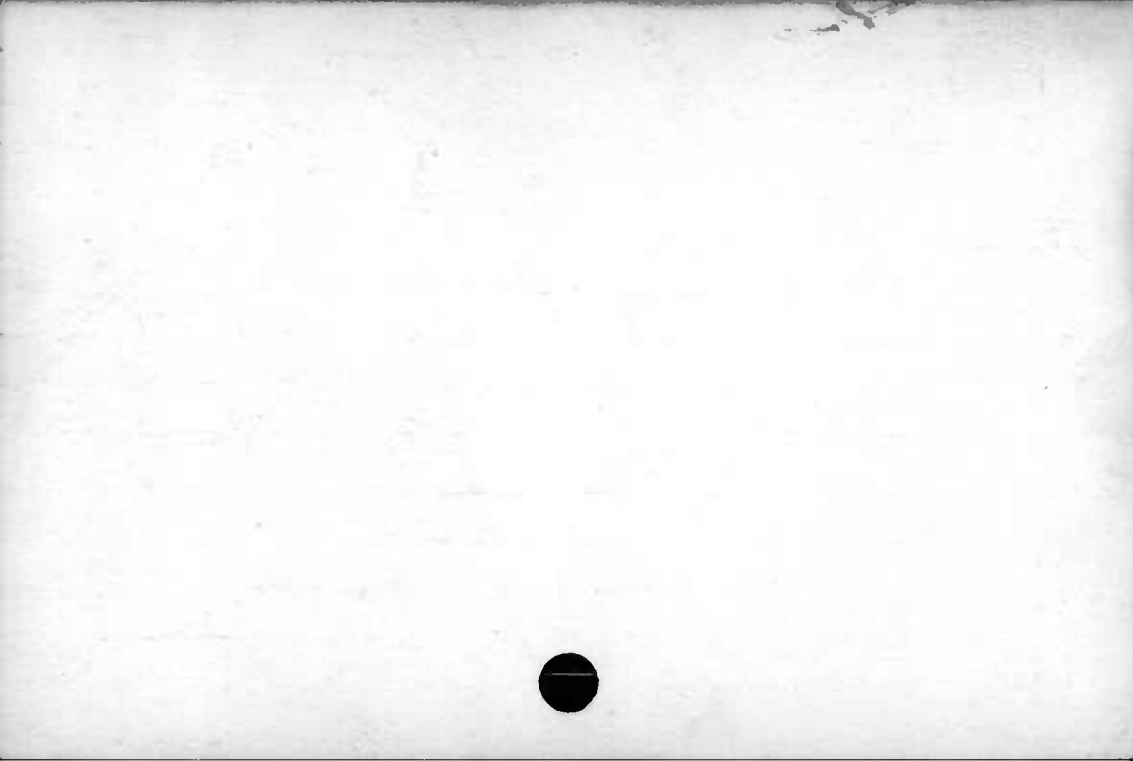
Address

Woodlawn Eto

Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Sarah Almer Dew

CERTIFICATE OF DEATH

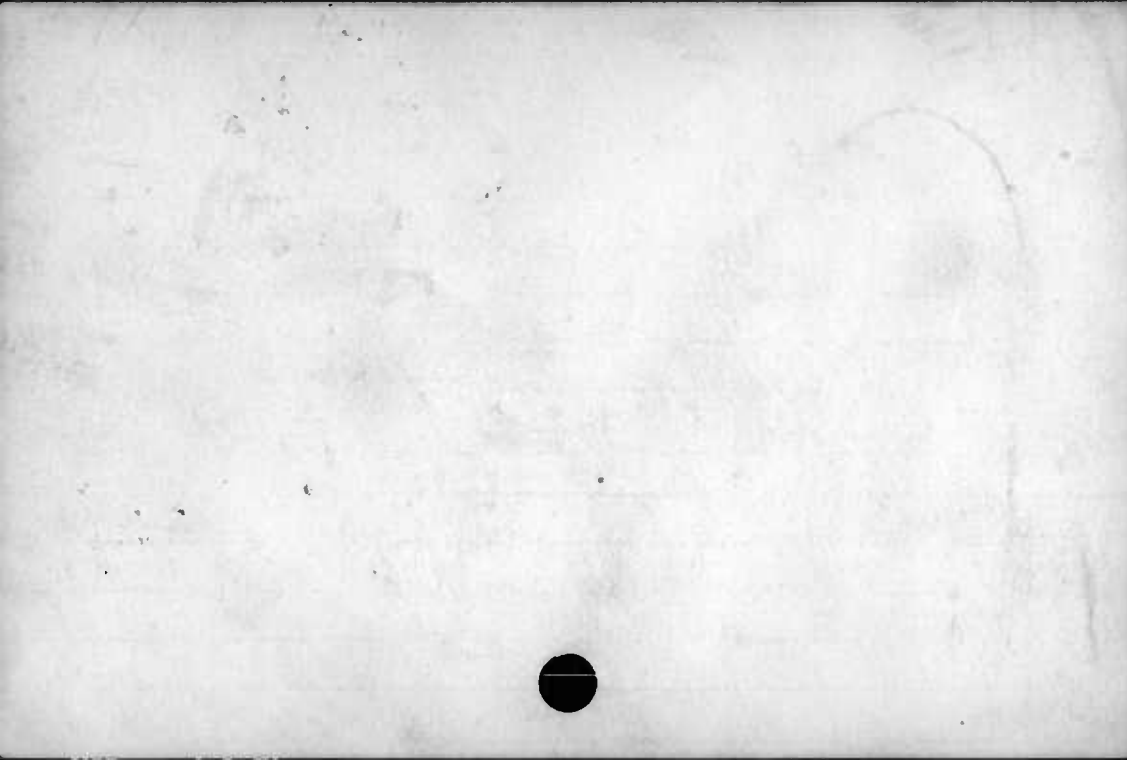
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Westport</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death 190	<i>5</i>	Month	<i>10</i>	Day	<i>19</i>
Age		<i>1</i>	Years	Months	<i>9</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore Md</i>	
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>Mary Dew</i>					
Father's Name <i>Wesley Dew</i>			Father's Birthplace <i>Baltimore</i>		
Mother's Maiden Name <i>Mary Turner</i>			Mother's Birthplace <i>11</i>		
Name of person giving information <i>Mother</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Diphtheria</i>	How long	<i>18 hours</i>
Immediate	<i>Asthenia</i>	How long	<i>18 11</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Walter A. Leet M.D.</i>	
<i>Yes</i>		Address <i>2017 Wilkins Ave</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Hyllsville</i> Town <i>Balt.</i> County			
Date of death <i>1905</i> <i>Oct.</i> Month <i>10</i> Day <i>27</i> Age <i>27</i> Years Months Days			
Sex <i>male</i> Color or Race <i>colored</i> Birth-place <i>Balt co</i>			
Occupation <i>bricklayer</i> Where Residing if not at place of death <i>Hyllsville</i>			
Married, Single or Widowed <i>Single</i> Name of Wife or Husband <i>Emma Dorsey</i>			
Father's Name <i>Mat Dorsey</i> Father's Birthplace <i>Baltimore</i>			
Mother's Maiden Name <i>Louise Dorsey</i> Mother's Birthplace <i></i>			
Name of person giving information <i>Geo. Blue</i> How related to deceased <i>brother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i> How long <i>47</i> <i>one year</i>	
Immediate <i>Internal Hemorrhage</i> How long <i>one hour</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>A. V. Glanville</i>
	Address <i>not known</i>
Accident or Suicide? <i>no</i>	

Hooper

Mr. Ambrose

Name
in
Full

Francis A. Wunnington

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Reisterstown</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death <i>1905</i>	Month <i>Oct</i>	Day <i>20</i>	Age <i>75</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore</i>		
Occupation <i>none</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Frank P. Wunnington</i>			Father's Birthplace <i>Charles Co.</i>		
Mother's Maiden Name <i>Annie G. Reynolds</i>			Mother's Birthplace <i>Charles Co.</i>		
Name of person giving information <i>Mrs. George Davis</i>			How related to deceased <i>Niece</i>		

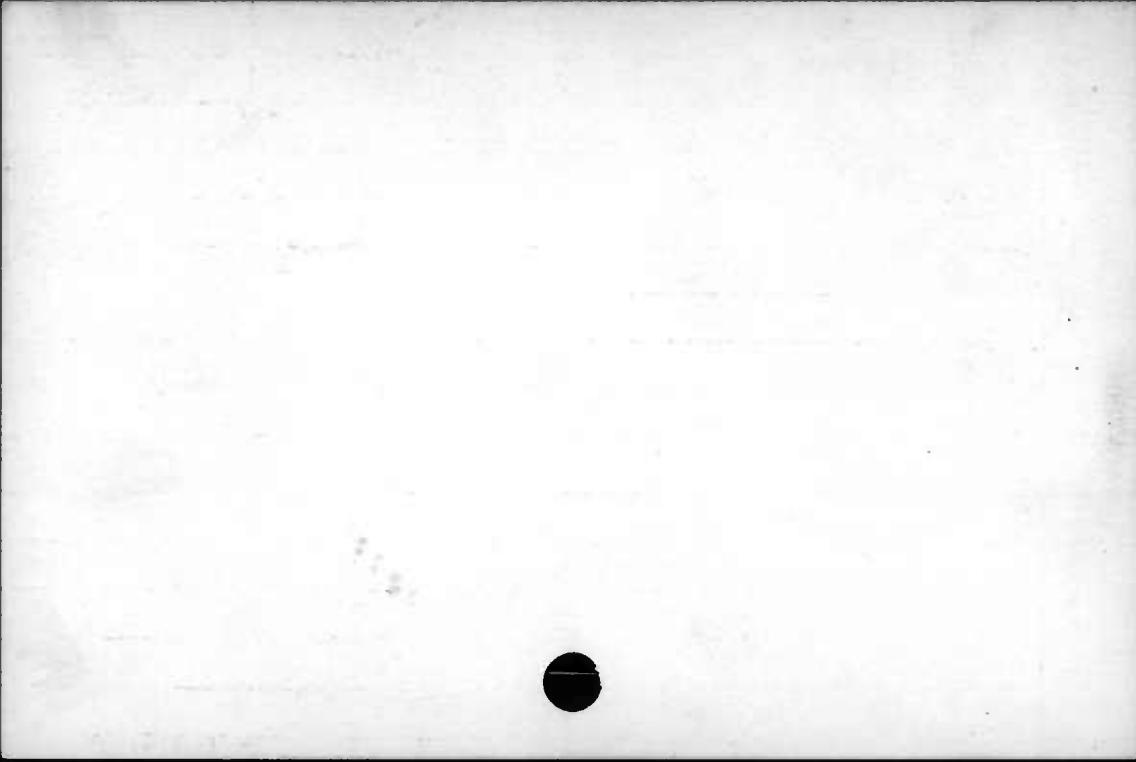
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Senile Decay</i>	How long <i>3 yrs</i>
Immediate <i>Alzheimer's</i>	How long <i>6 mos.</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. M. Seader</i>
	Address <i>Reisterstown</i>
	<i>Med.</i>
Accident or Suicide?	



Name in Full		Alma England				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Rasfubury		County Baltimore		MARYLAND
	Date of death	1905	Month Oct.	Day 19.	Age	1	Months 1 Days
	Sex	Female		Color or Race	white		Birth-place
	Occupation			Where Residing if not at place of death			
	Married, Single or Widowed			Name of Wife or Husband			
	Father's Name	William L England				Father's Birthplace	Baltimore
	Mother's Maiden Name	Leresa Hoernig				Mother's Birthplace	Baltimore Co
Name of person giving information	William L England				How related to deceased	Father	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Death Marasmus				How long	4 Months
	Immediate	Exhaustion				How long	
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
					Address		
				Joseph B Webster MD			
				Rasfubury			
Accident or Suicide?							



Name
in
Full

Marderos, T. A. Enson

CERTIFICATE OF DEATH

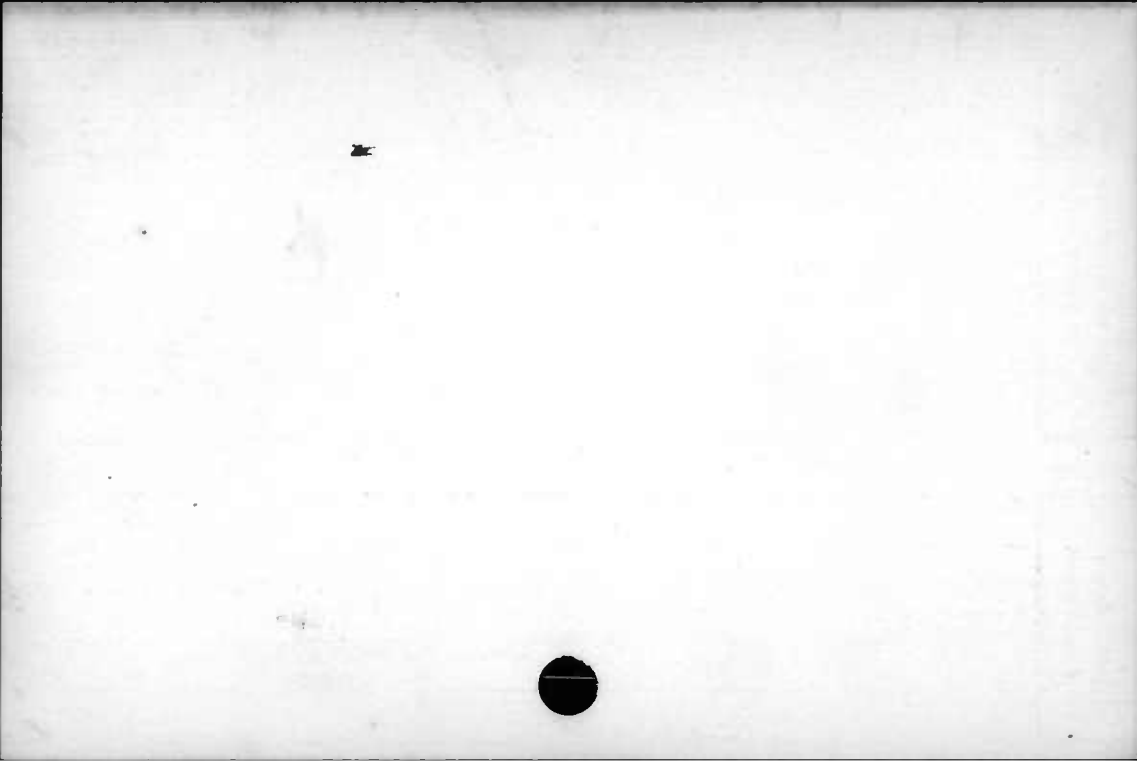
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Colegate Creek</u> ^{Town}		<u>Bald</u> ^{County}		MARYLAND	
Date of death <u>1905</u>	<u>Oct</u> ^{Month}	<u>15</u> ^{Day}	<u>61</u> ^{Years}	<u>1</u> ^{Months}	<u>—</u> ^{Days}
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Fredrick</u>		
Occupation <u>Carpenter</u>		Where Residing if not at place of death <u>104 S Carey St</u>			
Married, Single or Widowed <u>married</u>	Name of Wife or <u>Annal Enson</u> husband				
Father's Name <u>not known</u>	Father's Birthplace <u>md</u>		Mother's Birthplace <u>"</u>		
Mother's Maiden Name <u>—</u>		Name of person giving information <u>Annie Enson</u>			
		How related to deceased <u>wife</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Falling from Elevator</u>	How long <u>100</u>
Immediate <u>Shock</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Coroner J. M. Muelly</u>
	Address <u>506 N. Clinton St</u>
Accident or suicide <u>?</u>	



Name
in
Full

Samuel Ester

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Arbutus</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death <i>1905</i>	Month <i>Oct</i>	Day <i>18</i>	Age <i>63</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Belfast</i>	
Occupation <i>Iron worker</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>		Name of Wife <i>Mary A</i>			
Father's Name				Father's Birthplace <i>Belfast</i>	
Mother's Maiden Name				Mother's Birthplace <i>Belfast</i>	
Name of person giving information <i>Clarence Leonard</i>				How related to deceased <i>Son-in-law</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Struck by train B & O R R</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician or Coroner <i>Robert C. Blake</i>
	Address <i>St Denis</i>
	<i>Balto Co Md</i>
Accident or Suicide?	



Name
in
Full

Bernhard C. Fieseler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

Blenheim

County

Balto

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1905

10

25

Age

76

7

26

Sex

Male

Color or
Race

White

Birth-
place

Germany

Occupation

Labourer

Where Residing if not
at place of deathMarried, Single
or Widowed

Widower

Name of Wife or
Husband

Cathrine

Father's
Name

Christian Fieseler

Father's
Birthplace

Germany

Mother's
Maiden Name

Do not know

Mother's
Birthplace

"

Name of person giving
In formation

Nicholas Bode

How related
to deceased

Son-in-law

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

L. T. Payne

Phoenix

Balto Co Md

Accident or Suicide?

200-



Name in Full		Sarah Fishpangh				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Int Washington</i>		Town <i>13 alt.</i>		County		MARYLAND
	Date of death 190 <i>5</i>	Month <i>Sept</i>	Day <i>15</i>	Age <i>68</i>	Years	Months <i>3</i>	
	Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ind.</i>			
	Married, Single or Widowed <i>Married</i>		Occupation <i>Home</i>				
	Name of Wife or Husband <i>Robt. Fishpangh</i>						
	Father's Name						
	Mother's Maiden Name						
	Name of person giving information <i>Laura Randall</i>		How related to deceased <i>Daughter</i>				
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <i>Intestinal Obstruction</i>				How long <i>One week</i>		
	Immediate <i>Exhaustion</i>				How long <i>24 hrs</i>		
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>				Signature of Physician <i>W H Burton M.D.</i>		
					Address <i>Int Washington</i>		
					<i>Ind</i>		
Accident or Suicide?							

A. S. Ware Hall
3539 Falls Road
Salisbury Church
Oct 17-05

Name
in
Full

George Henry Fowler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Boston</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		MARYLAND	
Date of death <i>1905</i>	<i>Oct.</i> <small>Month</small>	<i>21</i> <small>Day</small>	<i>05</i> <small>Years</small>	<i>9</i> <small>Months</small>	<i>20</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place		
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>9 H. Clinton St. Balto. Co.</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or husband <i>Augusta Goodwin Fowler</i>				
Father's Name <i>Lewis A. Fowler</i>	Father's Birthplace <i>Et.</i>				
Mother's Maiden Name <i>Sophia W. Peterson</i>	Mother's Birthplace <i>Ind.</i>				
Name of person giving information <i>Augusta Goodwin Fowler</i>	How related to deceased <i>Wife</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Struck with a moving Crane</i>	How long
Immediate <i>Crushed Skull</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Coroner John G. Mueller</i>
	Address <i>501 Clinton St</i>
Accident or Suicide?	

London Park Cemetery

Oct. 24th 1905

Germanus Thane

Undertaker

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Mt Hope

Town

Baltimore

County

MARYLAND

Date

of death 190

Oct

Month

9th

Day

Age

Years

58

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Balto. Md.

Occupation

Lumber

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
InformationHow related
to deceased

CAUSES OF DEATH

Primary

Melancholia

(13)

How long

15 yrs

Immediate

Pneumonia

How long

4 days.

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature
Physician

Address

6 B Bunsen St.,
Mt Hope
Md.

Accident or Suicide?

No



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Gladys May Gear</i>		Town <i>Dickeyville</i>		County <i>Bath</i>		MARYLAND			
Died at		Date of death <i>1905</i>		Age <i>3</i>		Months <i>5</i>		Days <i>6</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Dickeyville</i>					
Occupation <i>—</i>				Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>				Name of Wife or Husband					
Father's Name <i>Benjamin Gear</i>				Father's Birthplace <i>Dickeyville</i>					
Mother's Maiden Name <i>Margaret Hoffman</i>				Mother's Birthplace <i>Westminster</i>					
Name of person giving information <i>Ed C. Smink</i>				How related to deceased <i>none</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute Colitis</i>		How long <i>3 months</i>	
Immediate <i>Maremm</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>A. C. Smink</i>	
		Address <i>Woodlawn, Md</i>	
Accident or Suicide?			

Sees Cemetery at Ridge
Square Lovers

Name
in
Full

Elaine Mary Wilhelmini Glasby

CERTIFICATE OF DEATH

MARYLAND

Died at 1019 Bredin St. Town
Cento

Balto County

Date
of death 190

Month

Oct

Day

29

Age

Years

1

Months

4

Days

29

Sex

female

Color or
Race

white

Birth-
place

Balto Md.

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Benj. F. Glasby

Father's
Birthplace

Balto Co. Md.

Mother's
Maiden Name

Mary Taylor

Mother's
Birthplace

Balto Md.

Name of person giving
InformationHow related
to deceased

father

CAUSES OF DEATH

Primary

Sh. Colitis + inflammation

How long

5 mos.

Immediate

exhaustion

How long

about 1 mos.

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

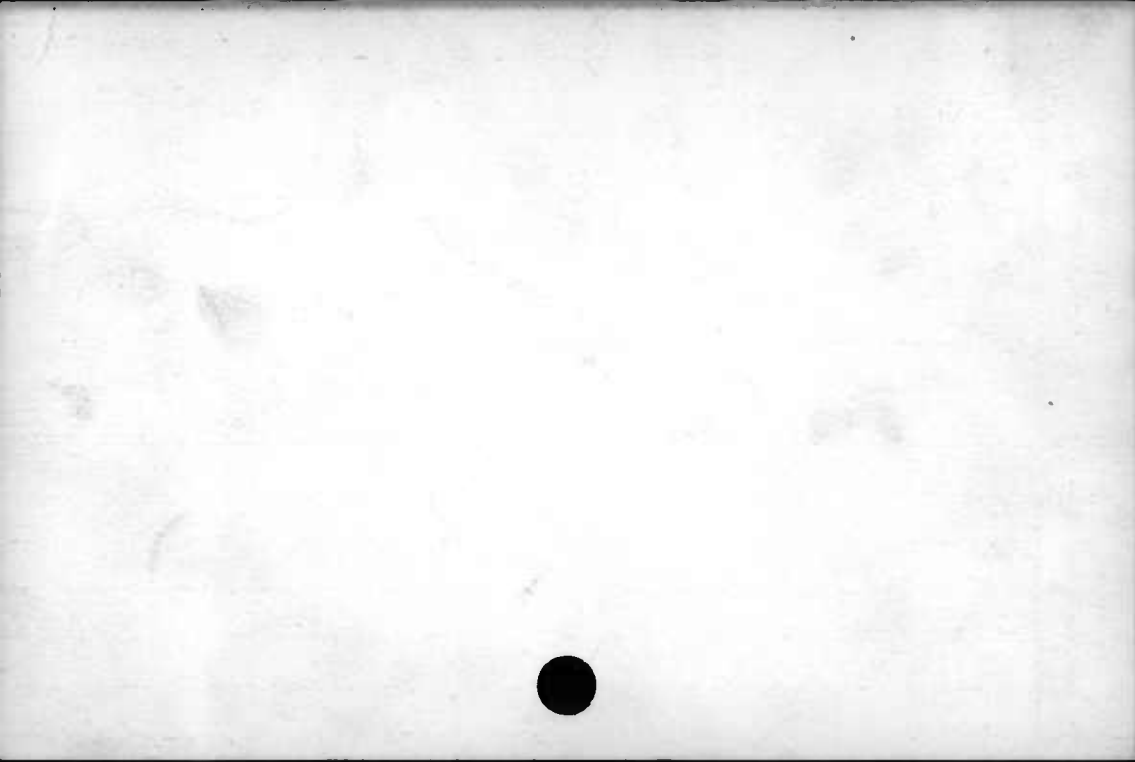
J. W. King

Address

1023 Canton St.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Caroline S. Gorsuch

CERTIFICATE OF DEATH

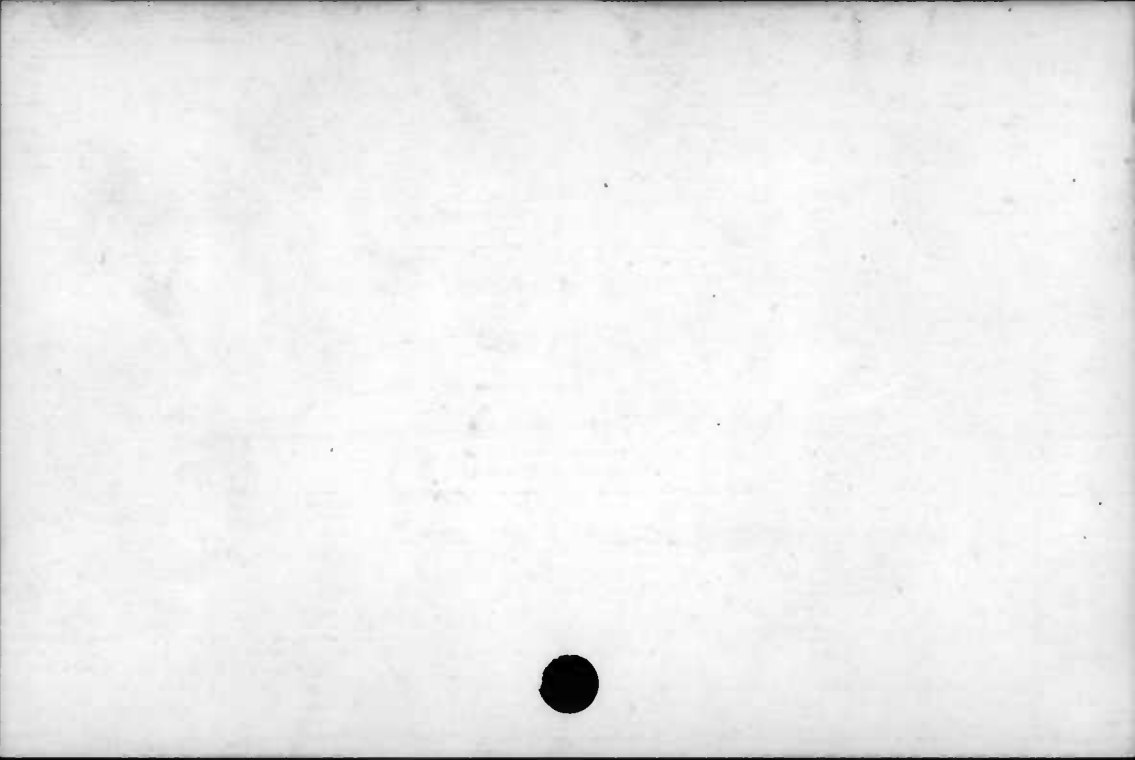
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Catonsville</i>		County <i>Baltimore</i>		MARYLAND	
Date of death 190	Month <i>Oct.</i>	Day <i>15</i>	Age <i>50</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore</i>		
Occupation <i>Housewife</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Thomas H. Gorsuch</i>				
Father's Name <i>Henry Straus</i>	Father's Birthplace <i>Germany</i>		Mother's Birthplace <i>—</i>		
Mother's Maiden Name <i>P</i>	Name of person giving information <i>Edward Pils (Brother in Law)</i>		How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute Melancholia</i>	How long <i>3 months</i>
Immediate <i>Exhaustion + Heart failure</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Alfred J. Gundry M.D.</i>
	Address <i>Gundry Infirmary</i>
Accident or Suicide? <i>No</i>	<i>Catonsville, Md</i>



Name
in
Full

Mary Alexander Gould.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Mt. Washington		County Baltimore - Co.		MARYLAND	
Date of death		1905	Month October	Day 5th	Age 72	Years	Months 1
Sex Female		Color or Race White		Birth- place Baltimore			
Occupation _____				Where Residing if not at place of death			
Married, Single or Widowed		Widowed		Name of Wife or Husband		James Alex. Gould	
Father's Name		Abraham Wilson				Father's Birthplace	
Mother's Maiden Name		Eleanor Talbot				Mother's Birthplace Balto. Co.	
Name of person giving Information		Emily S. Richardson				How related to deceased daughter	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Gall Stone = common duct	How long	4 years
Immediate	Asthenia, & incontinence	How long	8 months
Are the name, age, sex, color, date and place correctly given above?		Yes -	
Signature of Physician		Irving Miller MD	
Address		1734 St. Paul St.	
Accident or Suicide?			



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Still Birth Greif (M.M.)

CERTIFICATE OF DEATH

MARYLAND

Died at ^{Town} Highlandtown ^{County} Balto.Date of death 1905 ^{Month} Oct. ^{Day} 11 ^{Age} Years ^{Months} ^{Days}

Sex Male Color or Race White Birth-place Balto Co.

Occupation Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name John Greif Father's Birthplace Balto Md.

Mother's Maiden Name Rosella Barlow Mother's Birthplace Balto Md.

Name of person giving information John Greif How related to deceased Father.

CAUSES OF DEATH

Primary still Birth How long

Immediate How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Mary L. Swayne

Address 824 S. Canton St.

Accident or Suicide?

Balto. Md.

Sacred Heart Cemetery
Germanus France
Oct 11th 1905

Name in Full

Certificate of Death

Bridget Halligan
 Town County

Died at

MARYLAND

Date 19

05 Oct 2
 Month Day

Age 60

Y. M. D.

Native of

Occupation

Ireland domestic

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

2

Husband

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Asphyxia

due to drowning, accidental

How long sick

Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Interment Texas
Sep 5th

Will by and not
send red Card any more
1000 doctrs had

Name
in
Full

CERTIFICATE OF DEATH

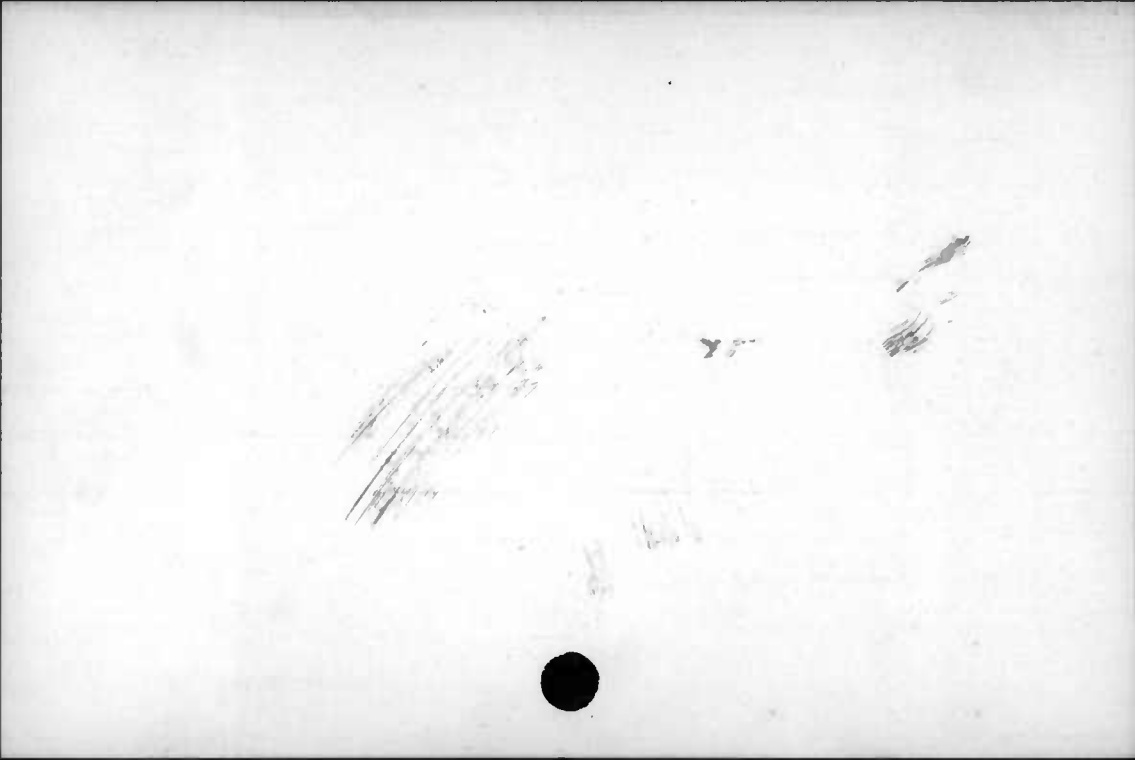
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Parkton</i> ^{Town}		<i>Balt.</i> ^{County}		MARYLAND	
Date of death <i>1905</i>	Month <i>10</i>	Day <i>27</i>	Age <i>63</i>	Years	Months <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Balt co Md</i>		Days <i>11</i>	
Occupation <i>Treasurer N. B. R. R.</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Francis A. Hendrix</i>				
Father's Name <i>Joshua. Hendrix</i>	Father's Birthplace <i>Md</i>				
Mother's Maiden Name <i>Mary, Wantland</i>	Mother's Birthplace <i>Pa</i>				
Name of person giving information <i>Webster, Hendrix</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Interstitial Nephritis</i>	How long <i>6 days</i>
Immediate <i>Uremia</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>R. R. Horne</i>
	Address <i>Parkton Md</i>
Accident or Suicide?	



Name
in
FullCatherine Kesterman
Town
Groversville

County

Barto

CERTIFICATE OF DEATH

MARYLAND

Died at

Date

of death 1905

Month

10

Day

10

Years

Still born

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Groversville

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Charles Kesterman

Father's
Birthplace

Md

Mother's
Maiden Name

Irene Barto

Mother's
Birthplace

Md

Name of person giving
In formation

Mother

How related
to deceased

CAUSES OF DEATH

Primary

Still birth - of twins S.

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

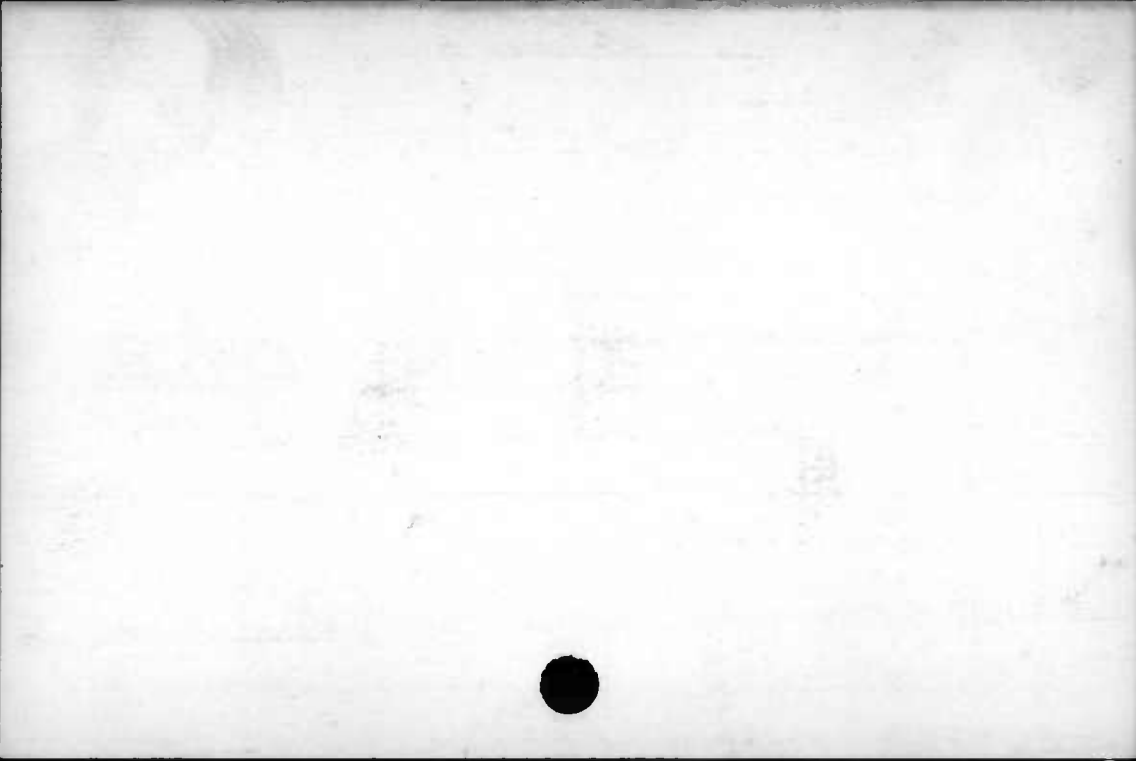
R. L. Massenburg

Address

Lawson

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

John T. Henkel

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Knobel</i>		^{County} <i>Baltimore</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>Oct.</i>	Day <i>12</i>	Age <i>70</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Germany</i>		
Occupation <i>Farmer</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Phillip Henkel</i>			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>A. Henkel</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>Theodore Smith</i>			How related to deceased <i>Nephew</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Zyphusial Fever</i>	How long <i>8 weeks</i>
Immediate <i>Langrene</i>	How long <i>3 "</i>
Are the name, age, sex, color, date and place correctly given above? <i>✓</i>	Signature of Physician <i>J. A. Green</i>
	Address <i>Esitting</i>
Accident or Suicide? <i>✓</i>	

205-



Name
in
Full

John P. M. Hoffman

CERTIFICATE OF DEATH

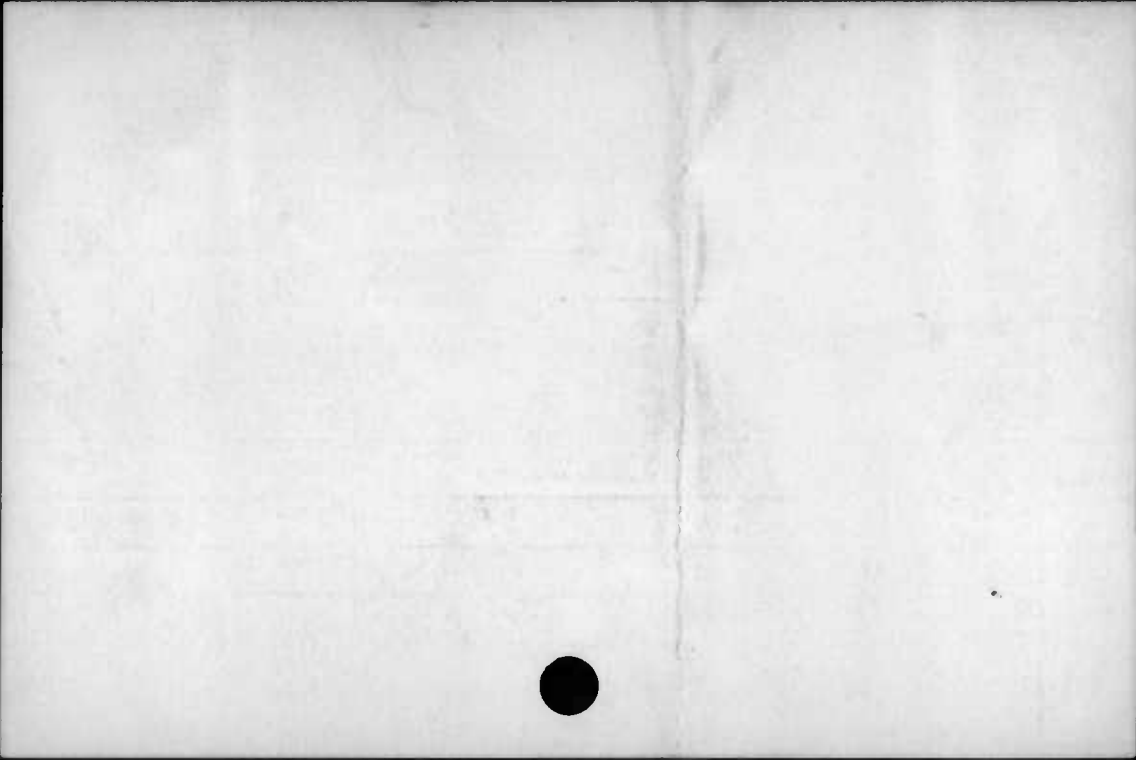
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Lausdowre</u> ^{Town}		<u>Balt.</u> ^{County}		MARYLAND									
Date of death	1905	Month	Oct.	Day	27	Age	67	Years		Months		Days	
Sex	Male		Color or Race	white		Birth-place	Germany						
Occupation	Labourer		Where Residing if not at place of death										
Married, Single or Widowed		Name of Wife <u>Helen</u>											
Father's Name	Michael Hoffman					Father's Birthplace	Germany						
Mother's Maiden Name	Madgelena Gick					Mother's Birthplace	Germany						
Name of person giving information	Maria M. Reitz-					How related to deceased	Sister						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Pneumonia</u>	How long	<u>7 days</u>
Immediate	<u>Exhaustion</u>	How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		<u>Frank H. Ruhl</u>	
Address		<u>Lausdowre. Md</u>	
Accident or Suicide?			



Name
in
Full

Paul Hoffman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>West Arlington</i> ^{Town}		<i>Baltimore Co.</i> ^{County}		MARYLAND	
Date of death <i>1905 October</i> ^{Month}		<i>4th</i> ^{Day}	<i>52</i> ^{Years}	<i></i> ^{Months}	<i></i> ^{Days}
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore, Md.</i>	
Occupation <i>Hotel Keeper</i>			Where Residing if not at place of death <i></i>		
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>Lovisa Hoffman</i>			
Father's Name <i>Franz Hoffman</i>			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Barbara Smith</i>			Mother's Birthplace <i>Germany</i>		
Name of person giving Information <i>Capt John Hoffman</i>			How related to deceased <i>Brother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pericarditis</i>	How long <i>about 12 Months</i>
Immediate <i>Hydropneumothorax</i>	How long <i>Four Months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>D.W. Cathell M.D.</i>
	Address <i>1308 N Charles St Baltimore, Md</i>
Accident or Suicide? <i>Neither</i>	



Name
in
Full

CERTIFICATE OF DEATH

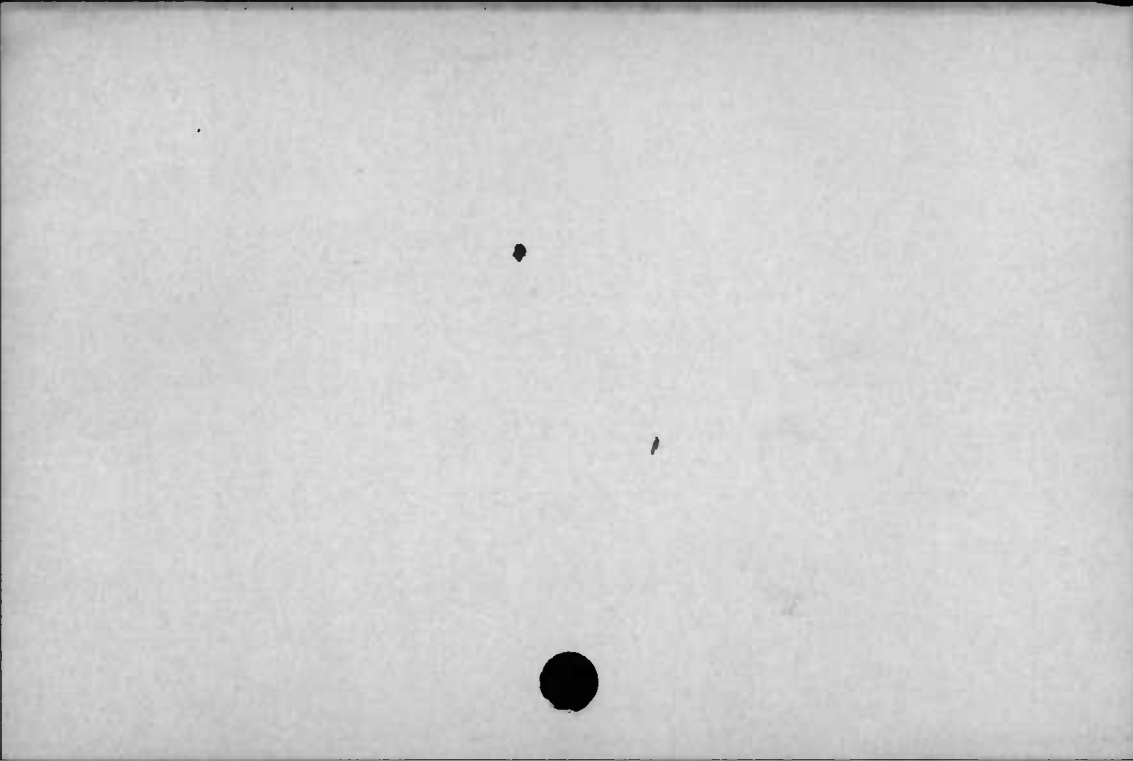
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Julia Mary Holtz</i>				County <i>Balto. County</i>		State <i>MARYLAND</i>	
Died at <i>Arlington</i>		Town <i>Town</i>		County <i>Balto. County</i>		State <i>MARYLAND</i>	
Date of death <i>1905</i>	Month <i>Oct.</i>	Day <i>17</i>	Age <i>1</i>	Years <i>1</i>	Months <i>13</i>	Days <i>13</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
Occupation <i>None</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Widowed</i>			Name of Wife or Husband <i>—</i>				
Father's Name <i>Wm. A. Holtz</i>			Father's Birthplace <i>Ind.</i>				
Mother's Maiden Name <i>Ella V. Foster</i>			Mother's Birthplace <i>Wash. D. C.</i>				
Name of person giving information <i>Emma A. Holtz</i>			How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Malnutrition. Enteritis</i>	How long <i>4 weeks</i>
Immediate <i>Convulsions</i>	How long <i>2 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm. H. Hartman, M.D.</i>
	Address <i>2104 W. North Ave., Balto. Md.</i>
Accident or Suicide? <i>No -</i>	



Name
in
Full

Charlotte Howard

CERTIFICATE OF DEATH

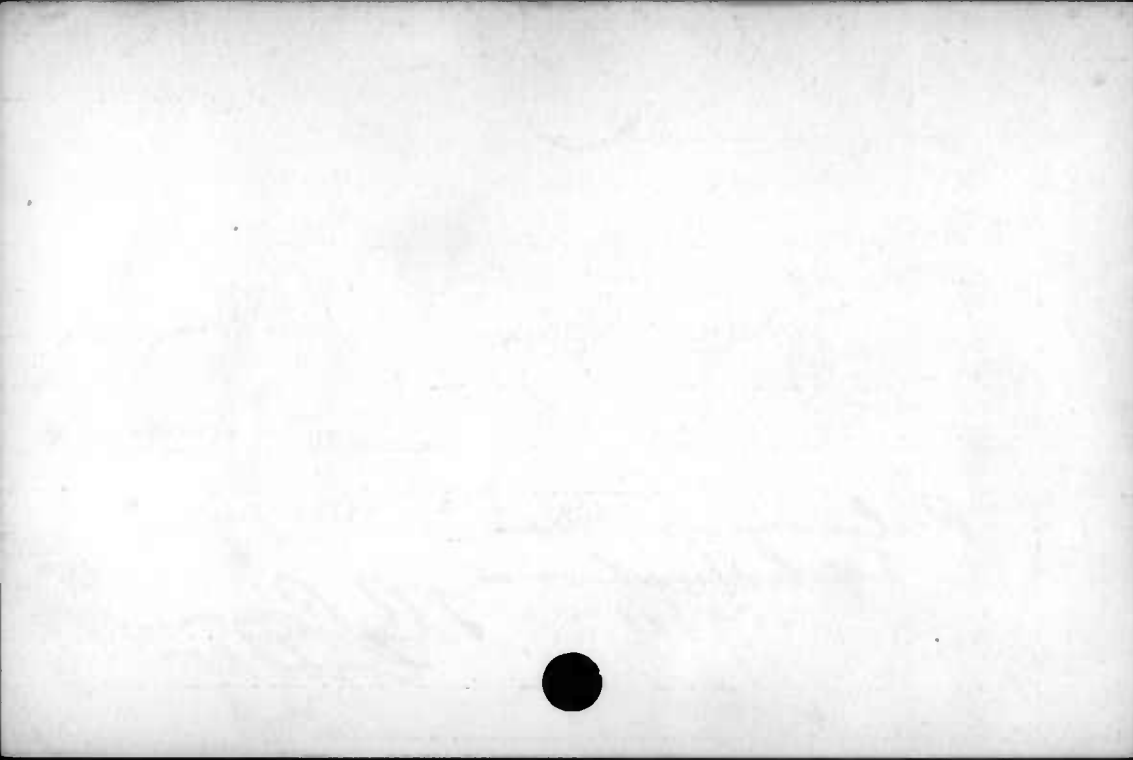
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Mounton		^{County} Baltimore		MARYLAND	
Date of death 1905	Month Oct	Day 15	Age 86	Months	Days
Sex Female	Color or Race Colored		Birth-place Mounton, Md.		
Married, Single or Widowed Widowed	Occupation Washer-Woman				
Name of Wife or Husband James Howard					
Father's Name Lloyd Harris.			Father's Birthplace Mounton, Md.		
Mother's Maiden Name Rachel Nye			Mother's Birthplace Mounton, Md.		
Name of person giving information Jane Bryan			How related to deceased Daughter		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Malignant Disease	How long	1 year
Immediate	General & sudden Collapse	How long	few hours
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician A. R. Mitchell.	
		Address Mounton, Md.	
Accident or Suicide?		R. F. Whit.	



Name
in
Full

William Herbert Hutchins

CERTIFICATE OF DEATH

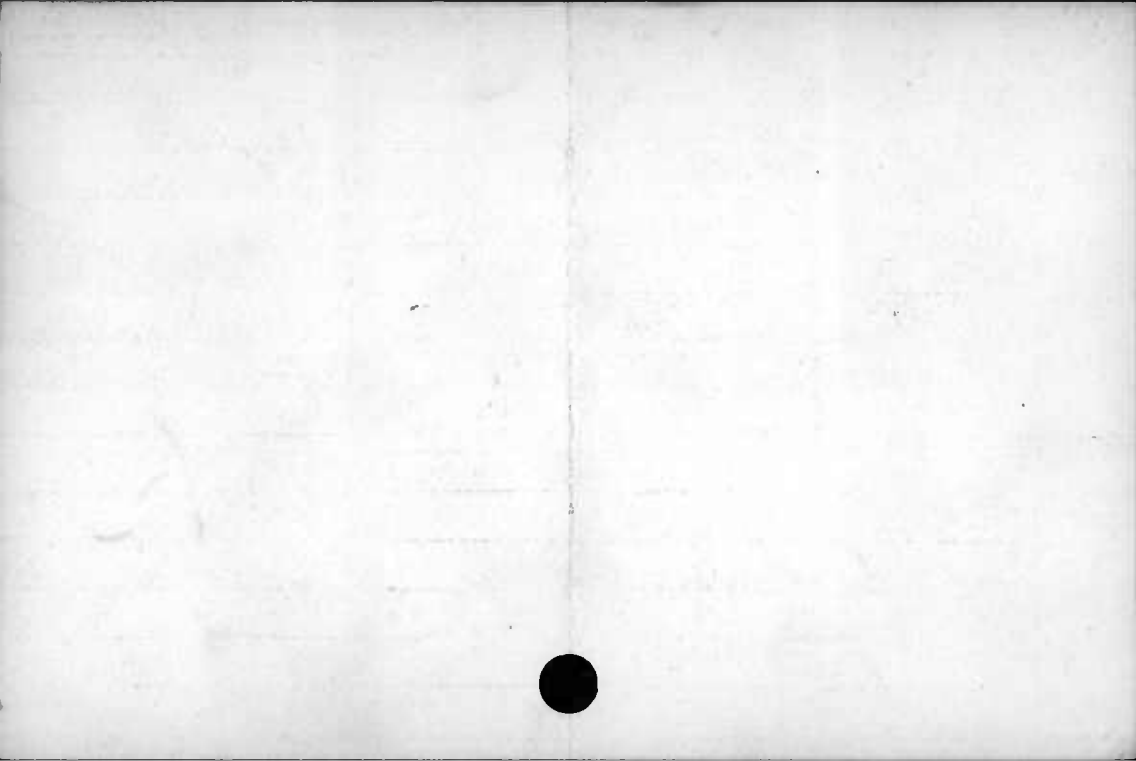
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Monkton		County Baltimore		MARYLAND	
Date of death	1905	Month October	Day 18	Age	44	Months 11	Days 18
Sex	Male		Color or Race	White		Birth-place	Baltimore.
Occupation	Farmer			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	Laura			
Father's Name	James Alfred Hutchins					Father's Birthplace	Baltimore Co.
Mother's Maiden Name	Carolene L. Herring					Mother's Birthplace	Baltimore.
Name of person giving information	Grace L. Timanus					How related to deceased	Sister.

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis		How long	1 yr
Immediate	Exhaustion		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	J. R. Payne M.D.
			Address	Corbett Md
Accident or Suicide?		No		



Name
in
Full

CERTIFICATE OF DEATH

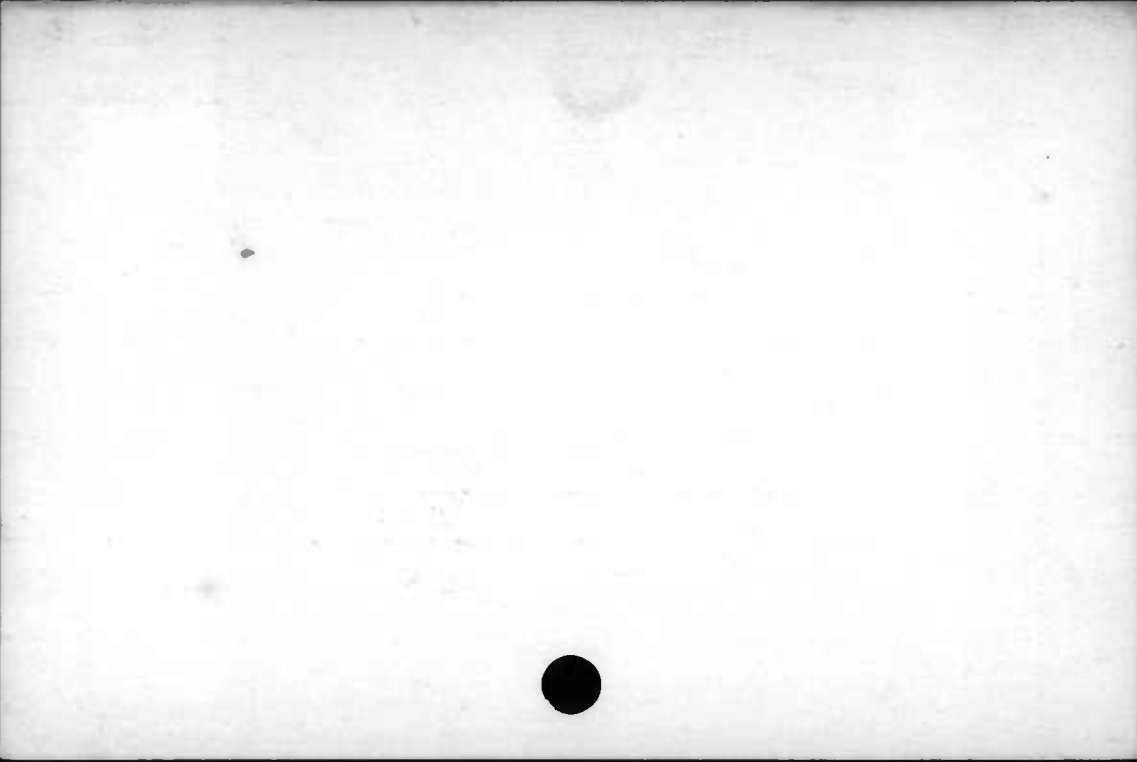
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>John W Johnson</i>		Town <i>Glyndon</i>		County <i>Balto</i>		MARYLAND	
Died at		Date of death		Age		Months <i>4</i>	
Month <i>Oct</i>		Day <i>17</i>		Years <i>—</i>		Days <i>—</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Balto. Co., Md.</i>			
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>James H Johnson</i>				Father's Birthplace <i>Calverton, Md.</i>			
Mother's Maiden Name <i>Maggie Thompson</i>				Mother's Birthplace <i>Balto Md</i>			
Name of person giving information <i>Maggie Thompson</i>				How related to deceased <i>Mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bronchitis</i>		How long <i>3 days</i>	
Immediate <i>Pneumonia</i>		How long <i>2 days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>James Gordon</i>	
		Address <i>Reisterstown</i>	
Accident or Suicide? <i>no</i>		<i>Md.</i>	



Name In Full

Certificate of Death

Wm Jones
 Town Turners County Baltimore
 Died at MARYLAND

Date 1905 Oct 8 Age 4-8
 Male White Married Widowed
 Female Colored Single Widower
 Occupation
 Number of children living

Husband of
 Wife

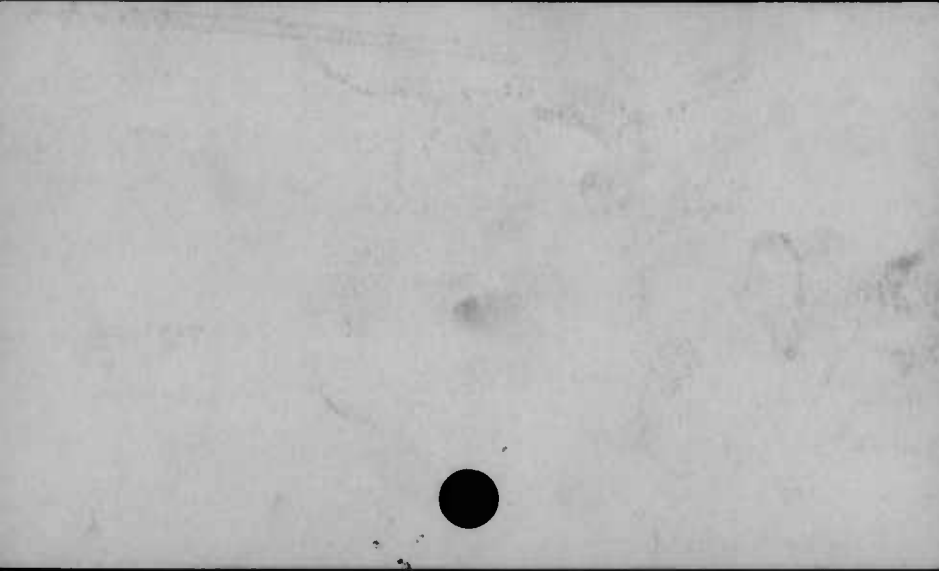
Father's Name Wesley Jones Mother's Maiden Name Sarah Jones

Cause of Death Primary Teething
 Immediate Spasm
 How long sick 1 day
 Accident, Suicide, Homicide

Reported by Fred L Pfeffer

Address 1218 Third St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. coronor



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Highlandtown* ^{Town} *Balto.* ^{County}Date of death *1905* ^{Year} *Oct.* ^{Month} *16* ^{Day} Age *7* ^{Years} *8* ^{Months} *10* ^{Days}Sex *Male* Color or Race *White* Birth-place *Balto.*Occupation *—* Where Residing if not at place of death *504 W. Clement St.*Married, Single or Widowed *Single* Name of Wife or Husband *—*Father's Name *John W. Kortner* Father's Birthplace *W. Va.*Mother's Maiden Name *Mary Schuler* Mother's Birthplace *Balto.*Name of person giving information *John W. Kortner* How related to deceased *Father*

CAUSES OF DEATH

Primary *Pneumonia* ⁽¹⁰³⁾ How longImmediate *Exhaustion* How longAre the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

J. S. Warner
*1120 Highland Ave*Accident or Suicide? *No*

Al. Warr.

Name
in
Full

Mary A. Kenney

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Heighlandtown</i> Town		<i>Balto</i> County		MARYLAND	
Date of death <i>1905</i>	Month <i>10</i>	Day <i>4</i>	Age	Years	Months
				Days <i>21</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Heighlandtown</i>		
Occupation			Where Residing if not at place of death <i>113 Eastern Ave E</i>		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Michael Kenney</i>			Father's Birthplace <i>Balto</i>		
Mother's Maiden Name <i>Ella Hogan</i>			Mother's Birthplace <i>" "</i>		
Name of person giving information <i>Michael Kenney</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Convulsions</i>	How long
Immediate <i>weak heart</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. W. Lannery M.D.</i>
	Address <i>304 Bank st NE</i>
Accident or Suicide?	

St. Patricks heim.

J Herwig & Son

10/3/05

Name
in
Full

CERTIFICATE OF DEATH

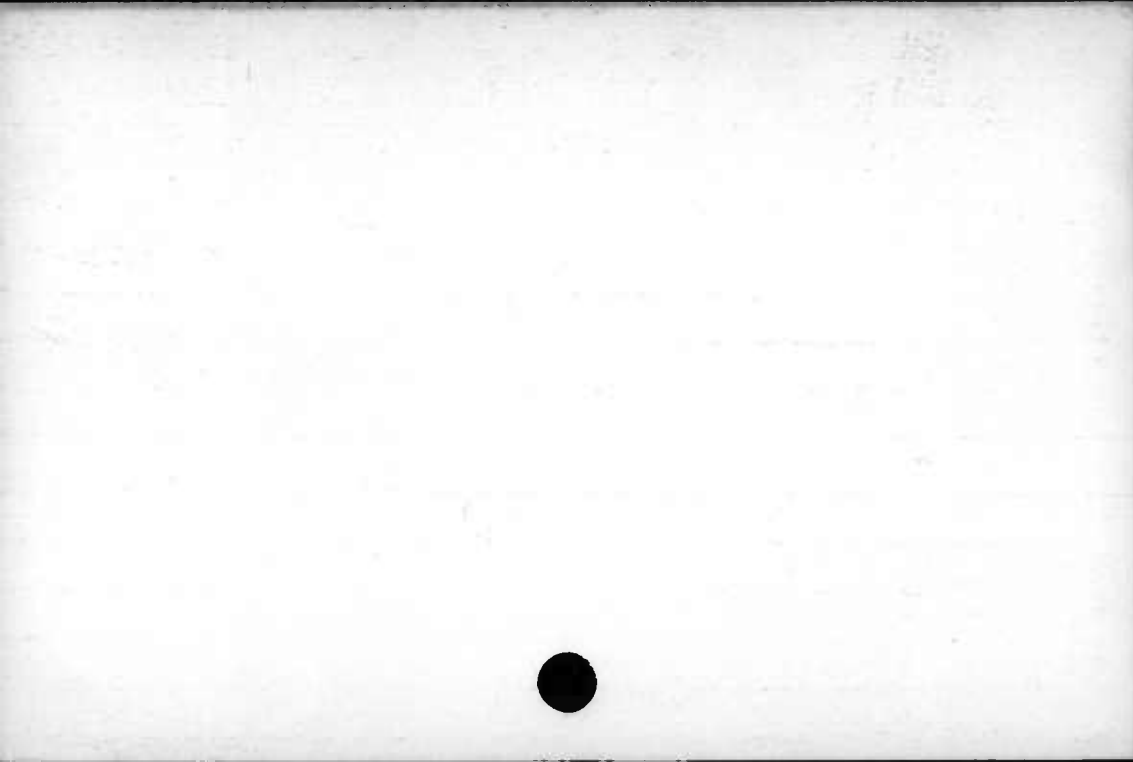
TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Gardenville* Town *Balt.* CountyDate of death *1905* *Oct* *13* *13* Age *10* *10* Months *10* *10* Days *10* *10*Sex *Male* Color or Race *white* Birth-place *Balt. C.*Occupation *_____* Where Residing if not at place of death *_____*Married, Single or Widowed *_____* Name of Wife or Husband *_____*Father's Name *Harry Kirlain* Father's Birthplace *Balt. C.*Mother's Maiden Name *Fanny Mills* Mother's Birthplace *England*Name of person giving information *Harry Kirlain* How related to deceased *_____*

CAUSES OF DEATH

Primary *Cholera Inf.* *105* How long *3 days*Immediate *Exhaustion* How long *_____*Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Wm. D. Corne*Address *Gardenville*Accident or Suicide? *no*



Name
in
Full

Allen M. ~~(H)~~ Klapp

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cockeysville		County Balto.		MARYLAND	
Date of death	1905	Month 10	Day 24	Age 33	Years	Months 2	Days
Sex	Male		Color or Race	White		Birth- place	Milton, Pa.
Occupation	Book keeper			Where Residing if not at place of death		Cockeysville Ind	
Married, Single or Widowed	Married		Name of Wife or Husband	Not known			
Father's Name	Sam'l L. Klapp					Father's Birthplace	Penna.
Mother's Maiden Name	Susanna Hoffman					Mother's Birthplace	Penna.
Name of person giving In formation	John H Carl					How related to deceased	Cousin

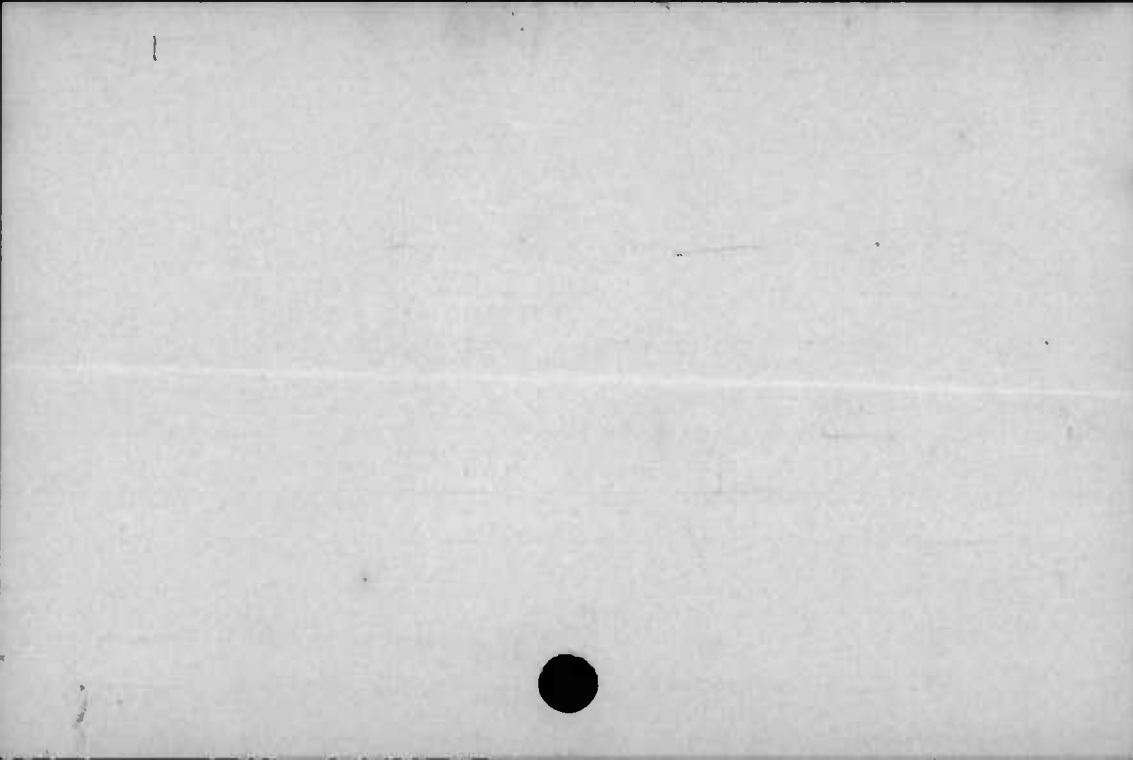
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Yes.	Wilmer C. Enson
Coroner	Address
Accident or Suicide?	John L & Leann 9 P Cockeysville Ind



Name in Full		F. Klein				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Westport		County Balto.		MARYLAND		
	Date of death	1905	Month Oct	Day 17	Age 45	Months 9	Days 6	
	Sex	Male		Color or Race	White		Birth-place	Baltimore
	Occupation	Restaurant Super			Where Residing if not at place of death			Westport
	Married, Single or Widowed	Widower		Name of Wife or Husband	Katie Klein			
	Father's Name	Geo. Klein				Father's Birthplace	Germany	
	Mother's Maiden Name	Caroline Louise				Mother's Birthplace	"	
	Name of person giving information	Harry Klein				How related to deceased	Nephew.	
<div>CAUSES OF DEATH</div>								
PHYSICIAN OR CORONER	Primary	Phthisis				How long	120 Days	
	Immediate	Ephemerism				How long	3 Days	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician			Edw. Grunauer
					Address			547 Lomb St Baltimore
	Accident or Suicide?		No					



Name
in
Full

Thomas R. H. Lawman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Catonsville</u> <small>Town</small>		<u>Baltimore</u> <small>County</small>		MARYLAND	
Date of death	<u>1905</u>	Month <u>Oct</u>	Day <u>14</u>	Age <u>3 mos</u>	Months <u> </u> Days <u> </u>
Sex <u>male</u>	Color or Race <u>Colored</u>		Birth-place <u>Baltimore</u>		
Occupation <u> </u>			Where Residing if not at place of death <u>Catonsville</u>		
Married, Single or Widowed			Name of Wife or Husband <u> </u>		
Father's Name <u>James W Lawman</u>			Father's Birthplace <u>Baltimore</u>		
Mother's Maiden Name <u>Flora E R Hale</u>			Mother's Birthplace <u>"</u>		
Name of person giving Information <u>Flora Hale</u>			How related to deceased <u>Mother</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Ilis colitis</u>	How long <u>4 weeks</u>
Immediate <u>Asthma</u>	How long <u>4 weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Marshall B West</u>
	Address <u>Catonsville</u>
	<u>Md.</u>
Accident or Suicide? <u> </u>	

Alex Hensley
578 W. B. Apple St
Inverview

Bunny Morgan Lowell Co. Md

Name
in
Full

Thomas Edward Leigh

CERTIFICATE OF DEATH

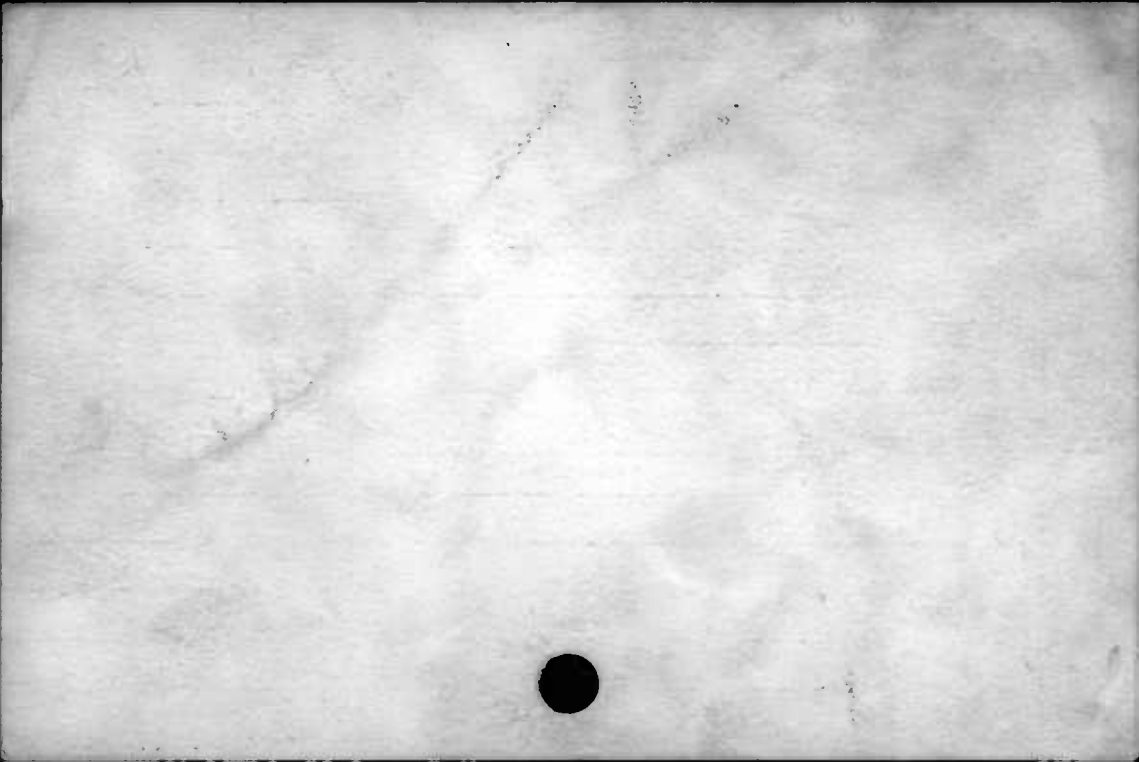
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Alberton</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death	<i>1905</i>	Month <i>Oct</i>	Day <i>8</i>	Years <i>46</i>	Months <i>1</i> Days <i>24</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Loudon Co., Va.</i>		
Occupation <i>Carpenter</i>	Where Residing if not at place of death <i>_____</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Mary M. Riley</i>				
Father's Name <i>Edward T. Leigh</i>	Father's Birthplace <i>?</i>				
Mother's Maiden Name <i>Susan Wolf</i>	Mother's Birthplace <i>Loudon Co., Va.</i>				
Name of person giving information <i>Mary M. Leigh</i>	How related to deceased <i>wife</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cerebral Hemorrhage</i>	How long <i>Sudden</i>
Immediate <i>Paralysis of Respiration</i>	How long <i>34 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. P. Gambrell</i>
	Address <i>Alberton, Md.</i>
Accident or Suicide? <i>_____</i>	



Name
in
Full

Mary F. Lewis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Gardinstown* ^{Town}*Baltimore* ^{County}Date of death *1905* ^{Month} *Oct.*^{Day} *27*^{Age} *24* ^{Years}^{Months}^{Days}

Sex

*Female*Color or
Race*Colored*Birth-
place*Virginia*

Occupation

*Domestic*Where Residing if not
at place of death*Glenwood Ave, Gardinstown*Married, Single
or Widowed*Married*Name of Wife or
Husband*Wm Lewis*Father's
Name*Moses Washington*Father's
Birthplace*Virginia*Mother's
Maiden Name*Mary J. Rogers*Mother's
Birthplace*Virginia*Name of person giving
Information*Moses Washington*How related
to deceased*Father*

CAUSES OF DEATH

Primary

Acute Phthisis

How long

About two months

Immediate

Cardiac failure

How long

Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*Robt. G. Churchill, M.D.*

Address

424 - East 23 St.

Accident or Suicide?

R. A. Elliott

306 Rogers Ave

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} <i>Brookside (Sheel-road)</i> ^{County} <i>Baltimore</i>			
Date of death	1905	Month	Oct
		Day	29
		Age	1
		Years	1
		Months	1
		Days	8
Sex	<i>Female</i>	Color or Race	<i>White</i>
Occupation	<i>None</i>	Birth-place	<i>Baltimore</i>
		Where Residing if not at place of death	
Married, Single or Widowed		Name of Wife or Husband	
Father's Name	<i>George W. M. Clalland</i>		Father's Birthplace <i>Balts Co</i>
Mother's Maiden Name	<i>Margaret Finn</i>		Mother's Birthplace <i>Baltimore</i>
Name of person giving information	<i>George W. M. Clalland</i>		How related to deceased <i>Father</i>

CAUSES OF DEATH

Primary	<i>Enterocolitis</i>	How long	<i>21 days</i>
Immediate	<i>"</i>	How long	<i>"</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>H. L. Beckard M.D.</i>
		Address	<i>410 S. Canton St., Baltimore</i>
Accident or Suicide?			

Chenezer Bern. Nov. 1-1905

Zirkler + Zirkler

1739 E. Eager St.

Name In Full

Certificate of Death

William H McKim

Town

County

Gowans.

Baltimore

MARYLAND

Died at

Date 1905 Oct. 19 Y. M. D. Age 56.0.0 Native of Md. Occupation Saboner

Male White Married Widow Divorced
Female Colored Single Widower Number of children living

Husband
of

Mary E McKim

Father's
Name

John McKim

Mother's
Name

Harriett Chase

Cause of

Primary

apoplexy

Death

Immediate

coma.

How long sick

9 da.

~~Accident, Suicide, Homicide~~

Reported by

H. C. Hoess M.D.

Address

119 H Gowans.

Baltimore Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70808

Attended by Dr.

of

Seen by Coroner

of

Information contained in this certificate received

from

of



Name
in
Full

CERTIFICATE OF DEATH

Infant of Alice McLaughlin

Town

County

Died at

Brodshaw

Baltimore

MARYLAND

Date

of death 1905

Month

10

Day

4

Years

Age

Months

Days

11

Sex

Male

Color or
Race

white

Birth-
place

Brodshaw

Occupation

C

Where Residing if not
at place of death

C

Married, Single
or WidowedName of Wife or
Husband

C

Father's
Name

not known

Father's
Birthplace

not known

Mother's
Maiden Name

Alice Pearce

Mother's
Birthplace

Harford Co

Name of person giving
In formation

Elizabeth Pearce

How related
to deceased

Grandmother

CAUSES OF DEATH

Primary

Diphtheria

How long

153

all its life

Immediate

"

"

"

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

J. F. R. G. -

Address

Fork

Accident or Suicide?

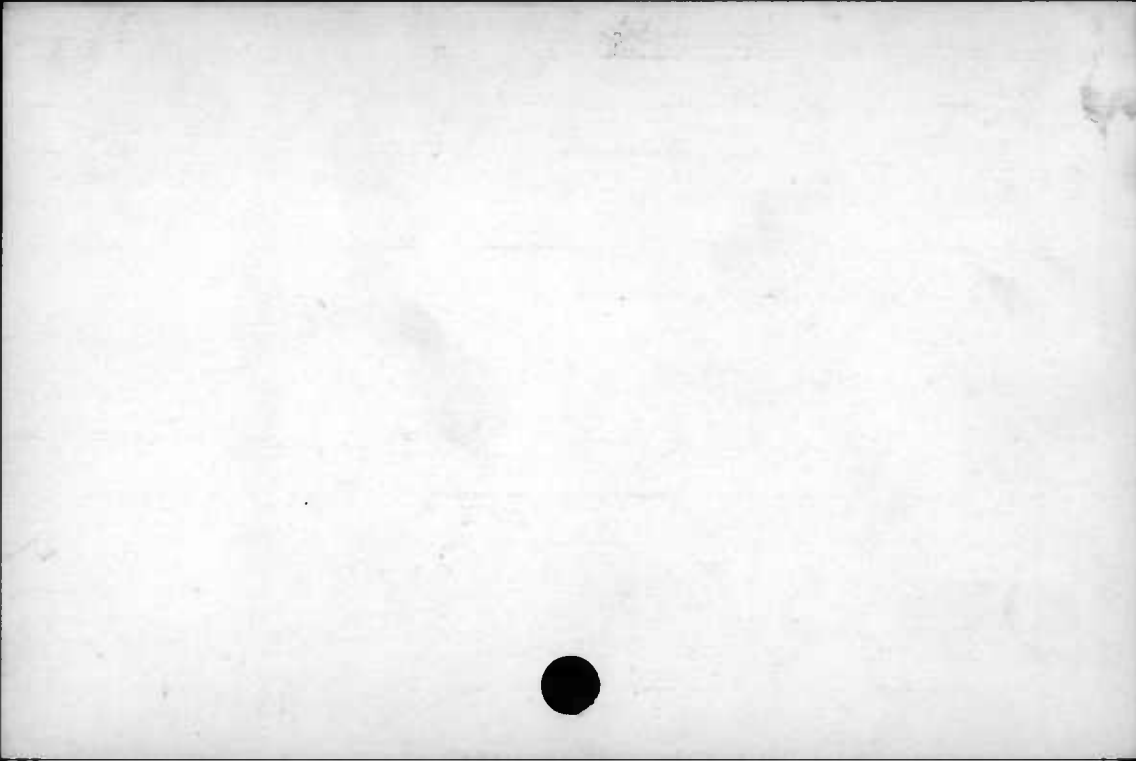
md

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Antarmen & Salem Mto &
Church Bolto co.

mf

Name in Full		Hannie Easton McLean				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Irvin Oaks		County Baltimore		MARYLAND
	Date of death	190	Month Oct.	Day 31	Age 13	Years 5	Months 17
	Sex	Female		Color or Race	White		Birth-place Balto. Md.
	Occupation	None		Where Residing if not at place of death			
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	David McLean				Father's Birthplace	Balto. Md.
	Mother's Maiden Name	Sarah E. Laughlin				Mother's Birthplace	Balto. Md.
Name of person giving information		David McLean				How related to deceased	Father
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Typhoid Fever.				How long	About 12 days.
	Immediate	Klanton & Perforation.				How long	
	Are the name, age, sex, color, date and place correctly given above?		Yes.		Signature of Physician James C. Clarke		
					Address 1701 Madison Ave. Baltimore.		
Accident or Suicide?							



Name
in
Full

Annie F. Mc New

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Canton		Baltimore		MARYLAND	
Date of death	1905	Month	Oct	Day	25	Age	Years
Sex		Female		Color or Race		White	
Occupation		None		Birth-place		Balt. Co.	
Married, Single or Widowed		Single		Where Residing if not at place of death			
Father's Name		Frank Mc New		Father's Birthplace		Balt.	
Mother's Maiden Name		Ella Smith		Mother's Birthplace		Balt.	
Name of person giving information		Ella Mc New		How related to deceased		Mother	

CAUSES OF DEATH

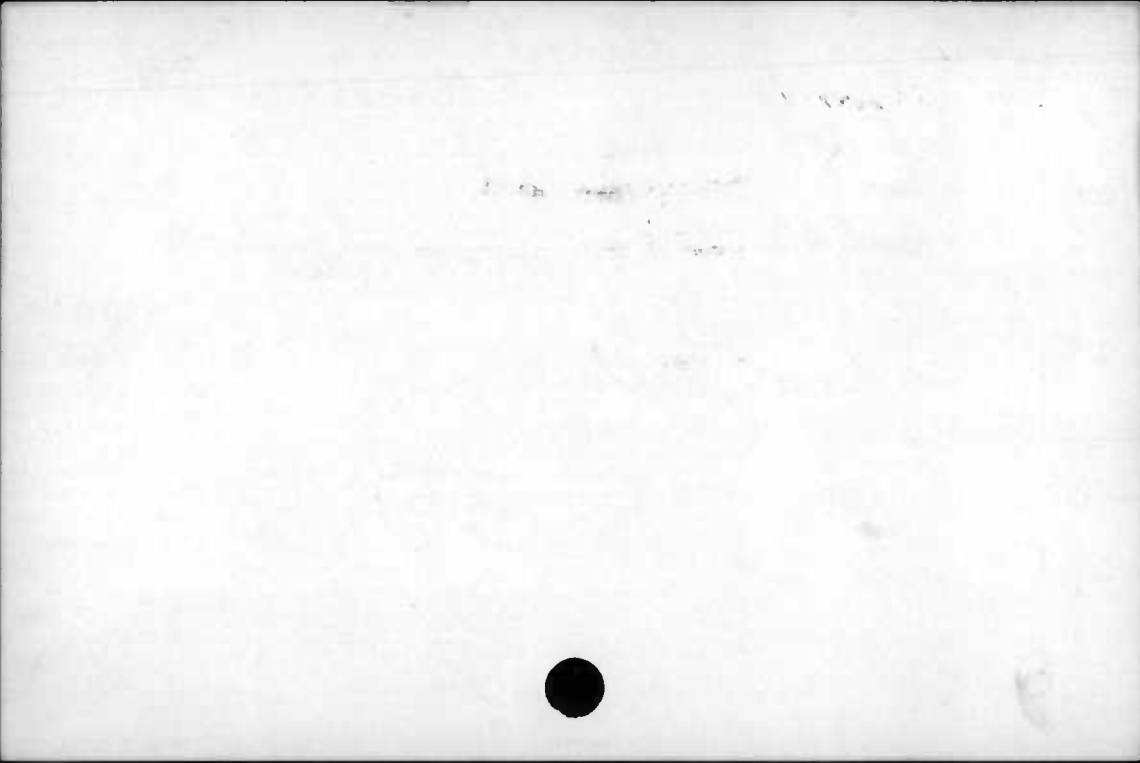
PHYSICIAN
OR CORONER

Primary	Cerebral	How long	2 weeks
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?			

Mt Carmel
H. Lander & Sons

TO BE ANSWERED BY NEAREST FRIEND	Name in Full John Mach		Town St Agnes Hospital		County Baltimore		CERTIFICATE OF DEATH	
	Died at St Agnes Hospital		Date of death 5 Oct. 1906		Age 22		MARYLAND	
	Sex Male		Color or Race White		Birth-place		Months Days	
	Occupation Unknown		Where Residing if not at place of death					
	Married, Single or Widowed Unknown		Name of Wife or Husband Unknown					
	Father's Name Unknown		Father's Birthplace (27) Unknown					
	Mother's Maiden Name Unknown		Mother's Birthplace Unknown					
	Name of person giving information		How related to deceased					

PHYSICIAN OR CORONER	CAUSES OF DEATH			
	Primary Pulmonary T.B.	(27)	How long Unknown	
	Immediate		How long	
	Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician J. W. Shaw	Address St Agnes Hospital.	
	Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

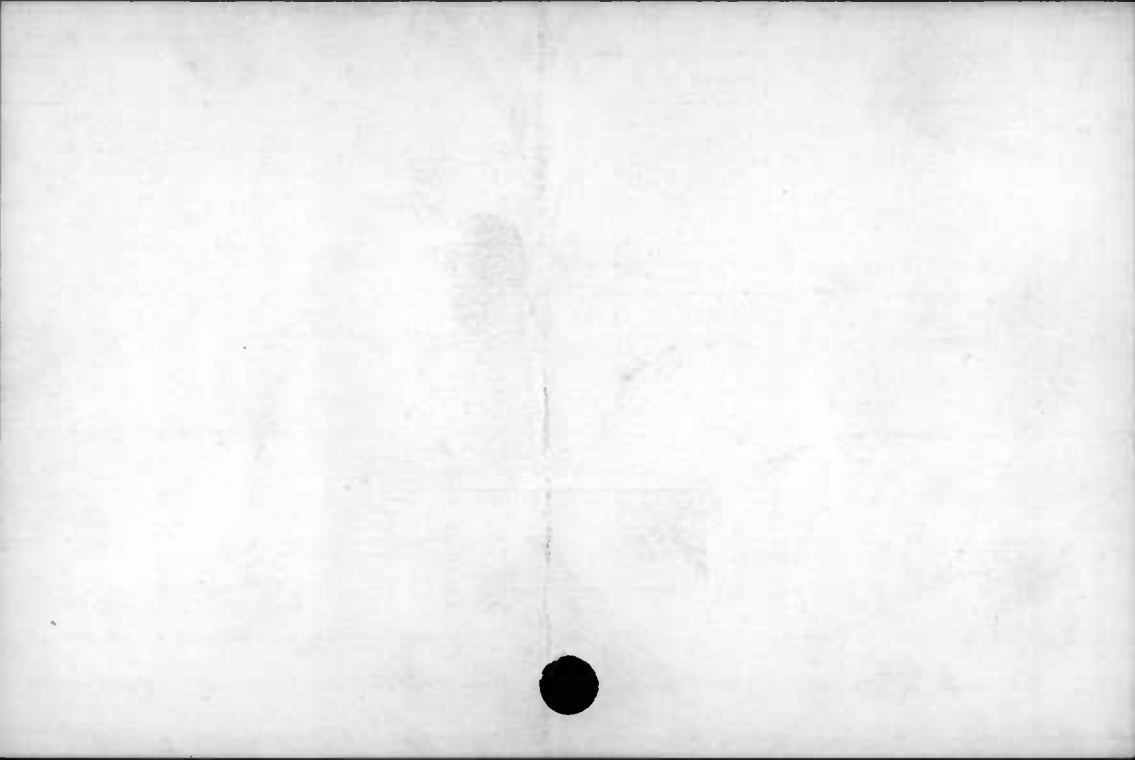
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>W. Wm. Wm. Wm.</i>		Town <i>Bull.</i>		County <i>av.</i>		MARYLAND	
Date of death <i>Oct. 1905</i>	Month <i>Oct.</i>	Day <i>26</i>	Age <i>6</i>	Years <i>6</i>	Months <i>5</i>	Days <i>—</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Baltimore</i>			
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Frederick Wm.</i>				Father's Birthplace <i>Germany</i>			
Mother's Maiden Name <i>Lizzie Bonbrake</i>				Mother's Birthplace <i>11</i>			
Name of person giving information <i>Baltimore</i>				How related to deceased <i>father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Piperidine</i>	How long	<i>6 days</i>
Immediate	<i>Aspirin</i>	How long	<i>10 minutes</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>R. V. Glavin</i>
		Address	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

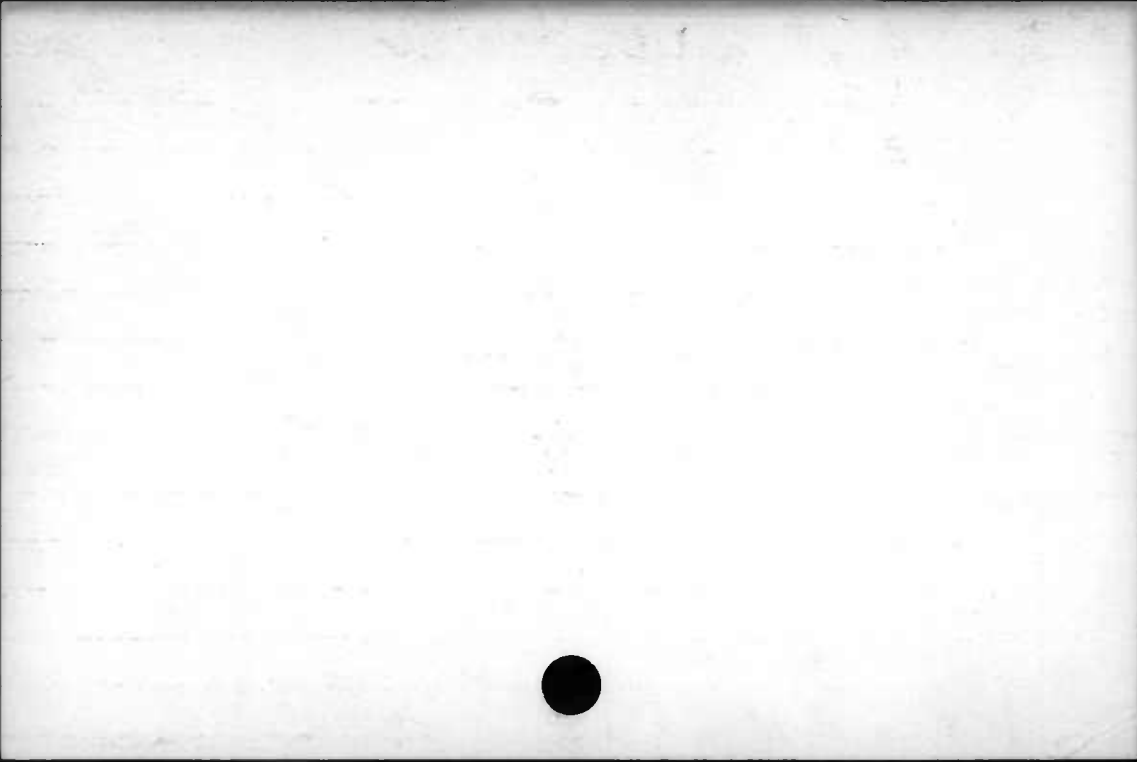
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sardenville</i> Town		<i>Meigs</i> County		MARYLAND	
Date of death	<i>190</i>	Month <i>10</i>	Day <i>29</i>	Age <i>W</i>	Years <i>One</i> Months <i>0</i> Day <i>0</i>
Sex <i>Female</i>	Color or Race <i>W</i>		Birth-place <i>Sardenville</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Lawrence Meise</i>			Father's Birthplace <i>Sardenville</i>		
Mother's Maiden Name <i>Barbara Brin</i>			Mother's Birthplace <i>Sardenville</i>		
Name of person giving information <i>Lawrence Meise</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Permaturs Birth</i>	How long
Immediate	<i>(151)</i>	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Walter H. Kral</i>
		Address <i>Hamilton, Md.</i>
Accident or Suicide?		



Name
in
Full

Theodore Metzler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mt Hope Retreat</i> ^{Town} <i>Balto</i> ^{County}		MARYLAND	
Date of death <i>1903</i> ^{Month} <i>Dec</i> ^{Day} <i>16</i> ^{Years} <i>11</i> ^{Months} <i>11</i> ^{Days} <i>11</i>	Age <i>56</i>		
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Germany</i>	
Occupation <i>Religious</i>	Where Residing if not at place of death <i>Baltimore</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>(68)</i>		
Father's Name <i>Unknown</i>	Father's Birthplace <i>Unknown</i>		
Mother's Maiden Name <i>LI</i>	Mother's Birthplace <i>II</i>		
Name of person giving information <i>Recd Mt Hope</i>	How related to decedent <i>Not at all</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Melancholia</i>	How long <i>9 mos</i>
Immediate <i>Ex. Cerebral Congestion</i>	How long <i>one wk</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Frank J. Flannery</i>
	Address <i>Mt Hope Retreat Balto Co Md</i>
Accident or Suicide? <i>2</i>	



Name
in
Full

Howard Melle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Rossville</u> ^{Town}		<u>Bach</u> ^{County}		MARYLAND	
Date of death <u>1905</u>	<u>Oct</u> ^{Month}	<u>20</u> ^{Day}	<u>—</u> ^{Years}	<u>2 mo</u> ^{Months}	<u>—</u> ^{Days}
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>ma</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>—</u>			Name of Wife or Husband <u>—</u>		
Father's Name <u>William Melle</u>			Father's Birthplace <u>Penna</u>		
Mother's Maiden Name <u>Emma Shroate</u>			Mother's Birthplace <u>Penna</u>		
Name of person giving information <u>—</u>			How related to deceased <u>(17) ✓</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>48</u> <u>Marasmus</u>	How long <u>1 mo</u>
Immediate <u>—</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>E. G. Mace</u>
	Address <u>Rossville</u> <u>ma</u>
Accident or Suicide? <u>—</u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full		Andrew Thomas Miller				Town		County		MARYLAND	
Died at		Parkville				Baltimore					
Date of death 190		5		Month October		22		Day		Age	
						36		Years		Months	
										Days	
Sex		Male				Color or Race		White		Birth- place	
										Maryland	
Married, Single or Widowed		Married				Occupation		Saloon-keeper			
Name of Wife or Husband		Annie M. (Bily)									
Father's Name		Andrew Miller						Father's Birthplace		Germany	
Mother's Maiden Name		Mary A. Setler						Mother's Birthplace		Germany	
Name of person giving In formation		Aunt M. Miller									
								How related to deceased		Wife	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Phthisis Pulmonarum		How long		8 months	
Immediate		Adynamia		How long			
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Wm. J. Whitford	
				Address		Parkville, Ind.	
Accident or Suicide?							

N 2

St Josephs

J. Lassahn son

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Parkville</i>		Town		<i>Baltimore</i>		County		MARYLAND	
Date of death 190	<i>5</i>	Month	<i>Oct.</i>	Day	<i>23</i>	Age	<i>76</i>	Months	<i>9</i>
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Germany</i>		
Married, Single or Widowed	<i>Widower</i>				Occupation	<i>Truck-farmer (retired)</i>			
Name of Wife or Husband	<i>Anna Marie Maglid (Dead)</i>								
Father's Name	<i>John Henry Miller</i>					Father's Birthplace	<i>Germany</i>		
Mother's Maiden Name	<i>Catherine Elizabeth Tanbar</i>					Mother's Birthplace	<i>Germany</i>		
Name of person giving Information	<i>J. Henry Miller</i>					How related to deceased	<i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cystitis & Senility</i>	How long	<i>1 yr</i>
Immediate	<i>Asthma</i>	How long	<i>1 yr</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Wm H Whiteford</i>
		Address	<i>Parkville</i>
Accident or Suicide?	<i>—</i>		

No. 3

St John

R
Lassahn Lau

Name in Full		Margaret Miller				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Canton Town		Baltimore County		MARYLAND		
	Date of death	1905	Oct	7	Age	30	Months — Days —	
	Sex	Female		Color or Race	White		Birth-place	Germany
	Occupation	None		Where Residing if not at place of death				
	Married, Single or Widowed	Married		Name of Wife or Husband				
	Father's Name		Michael Burger		Father's Birthplace		Germany	
	Mother's Maiden Name		Kunigunda Schütz		Mother's Birthplace		Germany	
Name of person giving information		Anton Miller		How related to deceased		Husband		
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary	Tuberculosis				How long	7 months	
	Immediate					How long	7 months	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician			
					Address			
Accident or Suicide?				J. H. Collender 1810 E Balto St.				

Holy Redeemer.

~~Sacred Heart~~ Cemetery.

Oct. 10th 1905

Germanus France

Undertaker

Name
in
Full

Francis Monaghan

CERTIFICATE OF DEATH

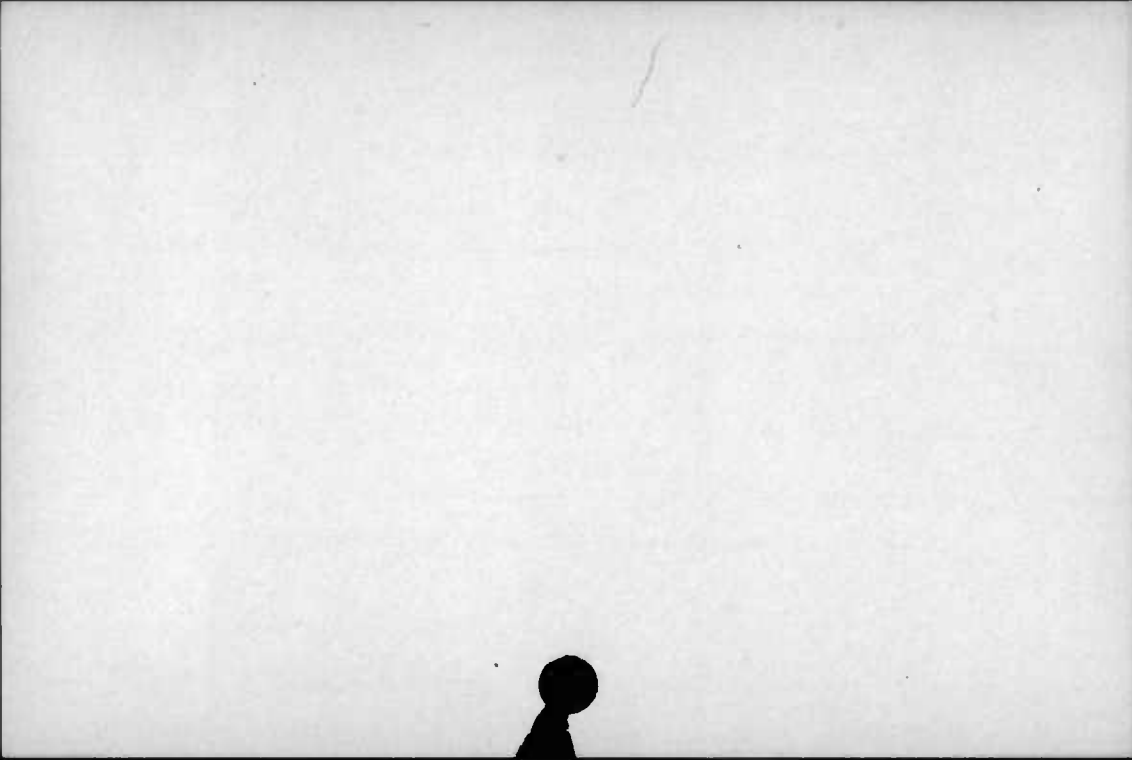
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mt Hope Retriah</i> ^{Town} <i>Balto</i> ^{County}		MARYLAND	
Date of death <i>1905 Oct</i> ^{Month} <i>12th</i> ^{Day} <i>Age 42</i> ^{Years} <i>unknown</i> ^{Months} <i>unknown</i> ^{Days}	Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Baltimore</i>
Occupation <i>Driver</i>	Where Residing if not at place of death <i>Baltimore Md</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>unknown</i>		
Father's Name <i>unknown</i>	Father's Birthplace <i>unknown</i>		
Mother's Maiden Name <i>"</i>	Mother's Birthplace <i>"</i>		
Name of person giving information <i>Rec'd Mt Hope Retriah</i>	How related to deceased <i>Not at all</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Gastric Ulcer following acute Gastritis</i>	How long <i>abt 3 wks</i>
Immediate <i>Cardiac Syncope</i>	How long <i>abt 1/2 hour</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Frank J. Flannery M.D.</i>
	Address <i>Mt Hope Retriah Baltimore Co Md</i>
Accident or Suicide? <i>No</i>	



Name

in
Full

Still born twins Moon (M.M.)

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Sparrows Point* ^{Town} *Baltimore* ^{County} **MARYLAND**

Date of death *1905 Dec 7* ^{Month} ^{Day} ^{Years} ^{Months} ^{Days}

Sex *male & female* ^{Color or Race} *col* ^{Birth-place} *Sparrows Pt.*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name *James Moon* ^{Father's Birthplace} *Va*

Mother's Maiden Name *Queen Victoria Edmonds* ^{Mother's Birthplace} *Va*

Name of person giving information *James Moon* ^{How related to deceased} *father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *stillborn infants* ^{How long} _____

Immediate *premature birth* ^{How long} _____

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *G. B. McCormick* ^{Address} *Sparrows Point Md*

Accident or Suicide? *no*



Name
in
Full

CERTIFICATE OF DEATH

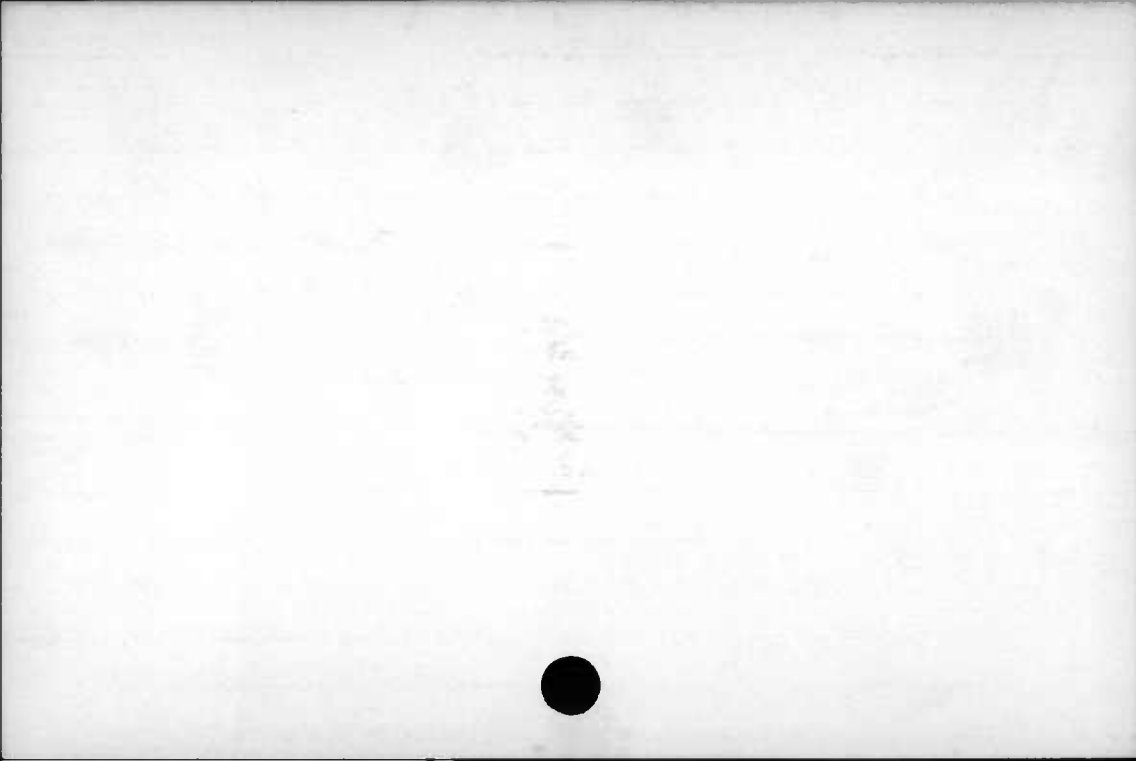
TO BE ANSWERED BY
NEAREST FRIEND

Stillborn twin		Morn (M.M.)		MARYLAND	
Died at Sparrows Point		County Baltimore			
Date of death 1905	Month Oct.	Day 7	Age —	Years —	Months —
Sex female		Color or Race col.		Birth-place Sparrows Point	
Occupation —			Where Residing if not at place of death —		
Married, Single or Widowed —		Name of Wife or Husband —			
Father's Name James Morn		S.		Father's Birthplace Va	
Mother's Maiden Name Queen Victoria Edmonds				Mother's Birthplace Va	
Name of person giving information James Morn				How related to deceased father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	stillborn infants	S.	How long
Immediate	premature birth		How long
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician B. C. Mc Cormick	
		Address Sparrows Point	
Accident or Suicide? no			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Lilly Myers</i>		Town <i>Covington</i>		County <i>Bullo.</i>		MARYLAND	
Died at		Date of death <i>1906</i>		Month <i>Oct.</i>		Day <i>30</i>	
Age <i>7</i>		Years		Months		Days	
Sex <i>female</i>		Color or Race <i>(Col)</i>		Birth-place <i>Md.</i>			
Occupation <i>Child</i>		Where Residing if not at place of death <i>Covington</i>					
Married, Single		Name of Wife or Husband					
Father's Name <i>(?)</i>		Father's Birthplace <i>(?)</i>					
Mother's Maiden Name <i>Stence Myers</i>		Mother's Birthplace <i>Md.</i>					
Name of person giving information <i>Stence Morris Myers</i>		How related to deceased <i>Guardian</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Spinal Meningitis</i>	How long <i>2 weeks</i>
Immediate <i>Cardiac</i>	How long <i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. Gayles M.D.</i>
	Address <i>London Md.</i>
Accident or Suicide	

Ra & Mioto

506 Rogers Ave

Gene, Ala

Name
in
Full

Ignatius Nau

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Canton</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death <i>1905</i>	Month <i>Oct.</i>	Day <i>7</i>	Age <i>44</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Germany</i>		
Occupation <i>Teamster</i>			Where Residing if not at place of death <i>716 First St.</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Josephine Nau</i>				
Father's Name <i>don't know</i>	Father's Birthplace <i>Germany</i>				
Mother's Maiden Name <i>don't know</i>	Mother's Birthplace <i>Germany</i>				
Name of person giving information <i>Josephine Nau</i>			How related to deceased <i>wife</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Alcoholism</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of <i>Coroner J. M. Mueller</i>
	Address <i>501 N. Calhoun St.</i>
Accident or Suicide? <i>—</i>	

Sacred Heart Cemetery.

Oct 10 th 1905.

Germanus France.

Undertaker.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Joanna R. Nees*

Died at *Cathol. Irvington* Town *Balto* County

Date of death *1905* Month *10* Day *3* Age *74* Years Months Days

Sex *Female* Color or Race *White* Birth-place

Occupation *None* Where Residing if not at place of death *Cathol. av*

Maiden, Single *Widow* Name of Wife or Husband

Father's Name

Mother's Maiden Name

Name of person giving information *Mrs C C McDowell* How related to deceased *Daughter*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

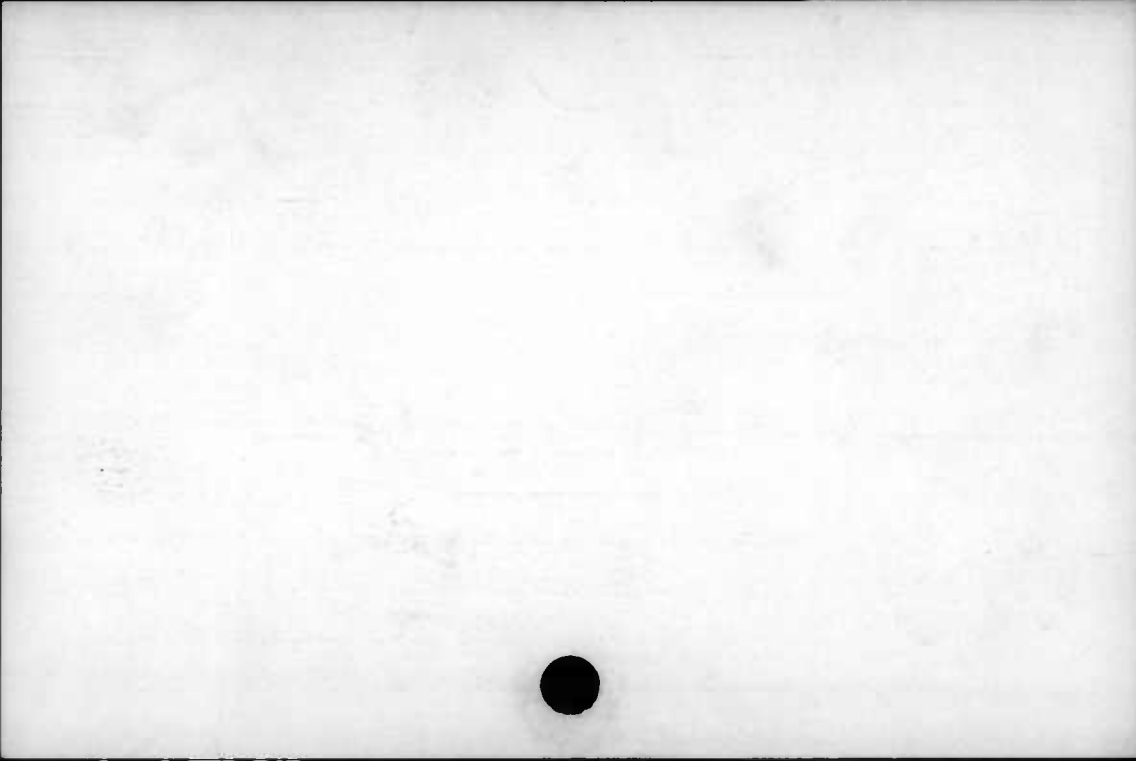
Primary *Chronic Nephritis* How long *Indefinite*

Immediate *Uremia* How long

Are the name, age, sex, color, date and place correctly given above? *Yes! -*

Signature of Physician *C. C. McDowell* Address *1521 W. Fayette St*

Accident or Suicide? *No*



Name
in
Full

Catherine O'Brien

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Mt Hope Retreat* ^{County} *Baltimore* **MARYLAND**

Date of death *1905* ^{Month} *Oct* ^{Day} *6th* ^{Years} *60* ^{Months} *—* ^{Days} *—*

Sex *Female* Color or Race *White* Birth-place *Ireland*

Occupation *none* Where Residing if not at place of death *New Jersey*

Married, Single or Widowed *Married* Name of Wife or Husband *unknown*

Father's Name *unknown* Father's Birthplace *unknown*

Mother's Maiden Name *"* Mother's Birthplace *"*

Name of person giving information *Recess Mt Hope Retreat* How related to deceased *Not at all*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Mania Chronic* ^{How long} *28 yrs*

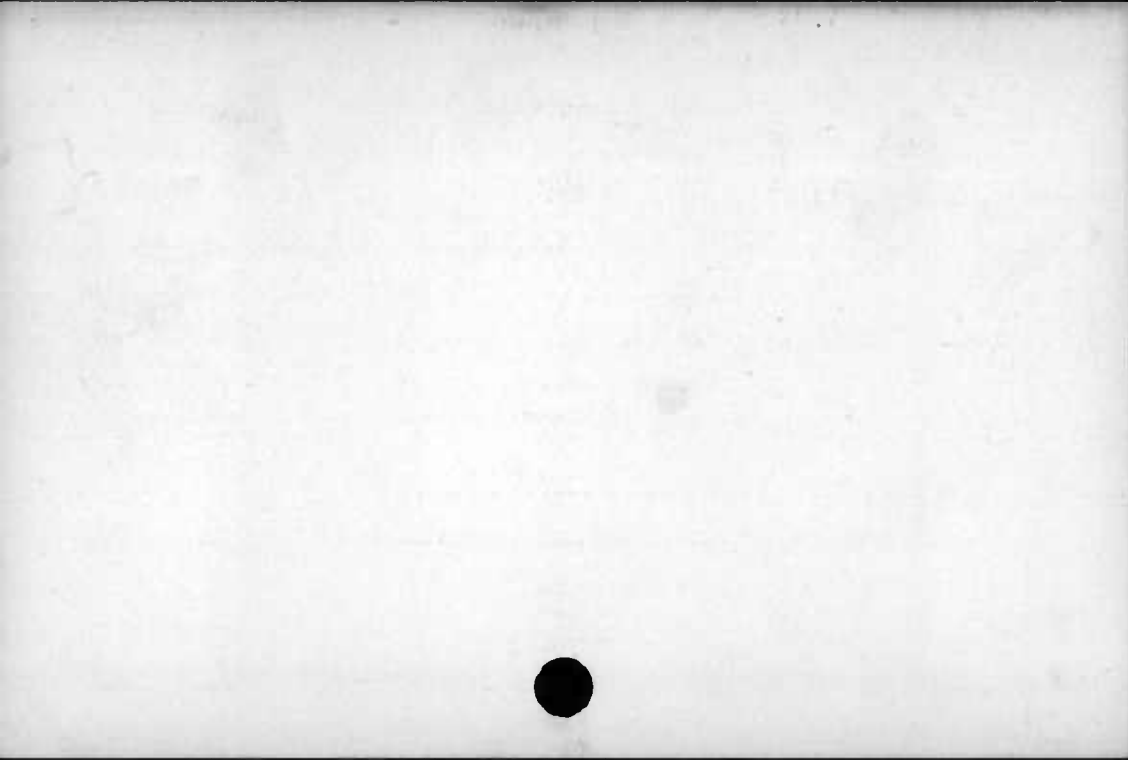
Immediate *E. L. Hemiplegia* ^{How long} *3 or 4 wks.*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Frank J. Flannery M.D.*

Address *Mt Hope Retreat
Baltimore Md.*

Accident or Suicide? *—*



Name
in
Full

Mrs E. H. Patterson (Sarah Quary)

CERTIFICATE OF DEATH

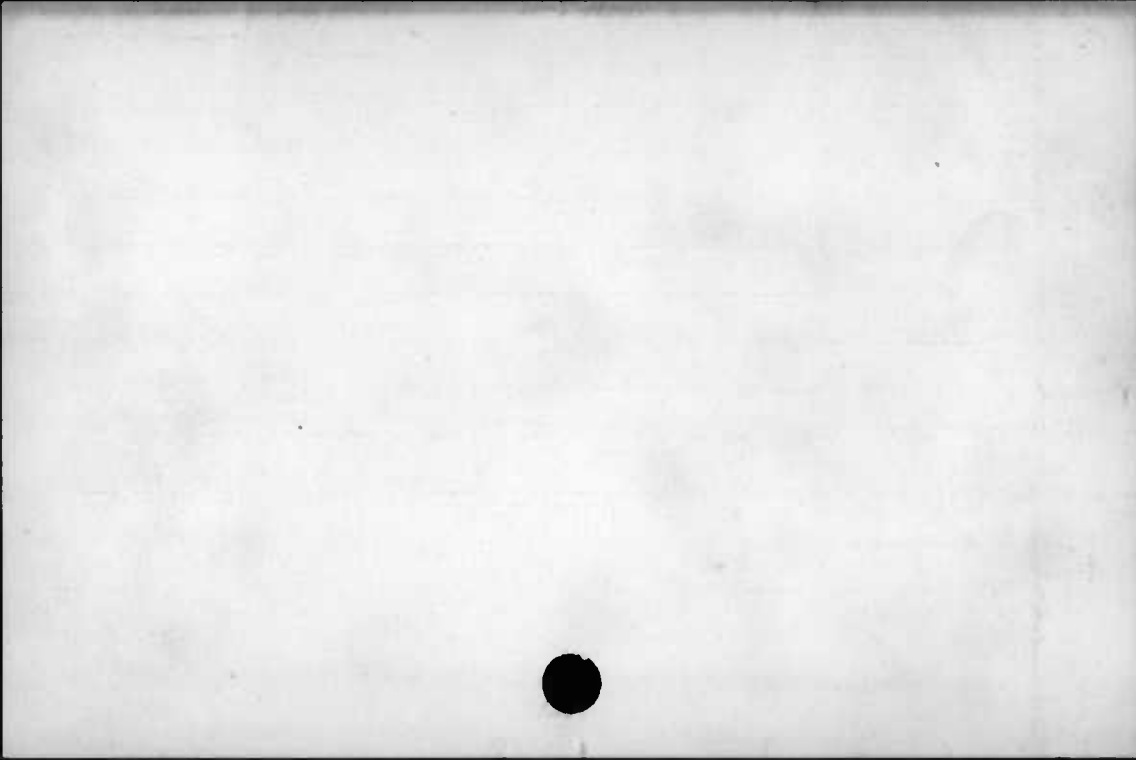
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		STATE	
St. Agnes' Hospital		Baltimore		Maryland			
Date of death	19	Month	Day	Age	Years	Months	Days
25	Oct	11	4	50			
Sex	Female		Color or Race	White		Birth-place	Chas. Co.
Occupation	Housewife		Where Residing If not at place of death		Chas Co.		
Married, Single or Widowed	Single		Name of Wife or Husband	Edwin P. Patterson			
Father's Name	Stanislaus Farrell		Father's Birthplace	Chas Co. Md			
Mother's Maiden Name	Catherine E. Farrell (Stone)		Mother's Birthplace	Chas Co., Md			
Name of person giving information	Mrs Mary A Freeman		How related to deceased	Chas Co. Md.			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Chronic Interstitial Nephritis	How long	7 unknown.
Immediate		How long	" "
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		John T. Mares	
		Address	
		St. Anne Hospital	
		Balt. Co. Md.	
Accident or Suicide?			



Name in Full		Henry O. Payne				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at ^{Town} Mt. Washington		^{County} Baltimore		MARYLAND			
	Date of death	1905	Month	Oct.	Day	27	Age	71
					Years	11	Months	24
	Sex	Male		Color or Race	White		Birth-place	Kent Co. Ind.
	Occupation	Farmer		Where Residing if not at place of death				
	Married, Single or Widowed	Married		Name of Wife or Husband	Sarah M. A. P. Mrs. Frances Hunt Payne			
	Father's Name			Father's Birthplace Kent Co. Ind.				
	Mother's Maiden Name			Mother's Birthplace Kent Co. Ind.				
Name of person giving information		Edward C. Payne					How related to deceased	Son
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary	Inanition					How long	three months
	Immediate	Cardiac Asthenia					How long	two weeks
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		J. Josiah S. Bourne	
	Address		Mt. Washington, Balt. Co. Ind.					
Accident or Suicide?								

Zirkler & Zirkler
1739 E. Eager st

Freeland, Md.

Name In Full

Certificate of Death

Died at

Town

County

MARYLAND

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

1906

Oct 5

Age

—

Md

—

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband
of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

St. W. born

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

^{re}
buried by

Insert & Print
at Poplar
Hearse

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Benjamin T. Pierce* County *Baltimore* Maryland

Died at *Dickensville*

Date of death *1905* *Oct* *16* Age *51* Months *10* Days *13*

Sex *Male* Color or Race *White* Birth-place *Va.*

Occupation *Shoemaker* Where Residing if not at place of death *Dickensville*

Married, Single or Widowed *Single* Name of Wife or Husband *Mary F. Pierce*

Father's Name *John T. Pierce* Father's Birthplace *Va*

Mother's Maiden Name *Mary Pierce* Mother's Birthplace *Va*

Name of person giving information *Mary F. Pierce* How related to deceased *Wife*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Tuberculosis of bladder* How long *2 years*

Immediate *Tuberculosis of Intestine* How long *8 months*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

Ridge Cem.

Name
in
Full

Barbara Porter

CERTIFICATE OF DEATH

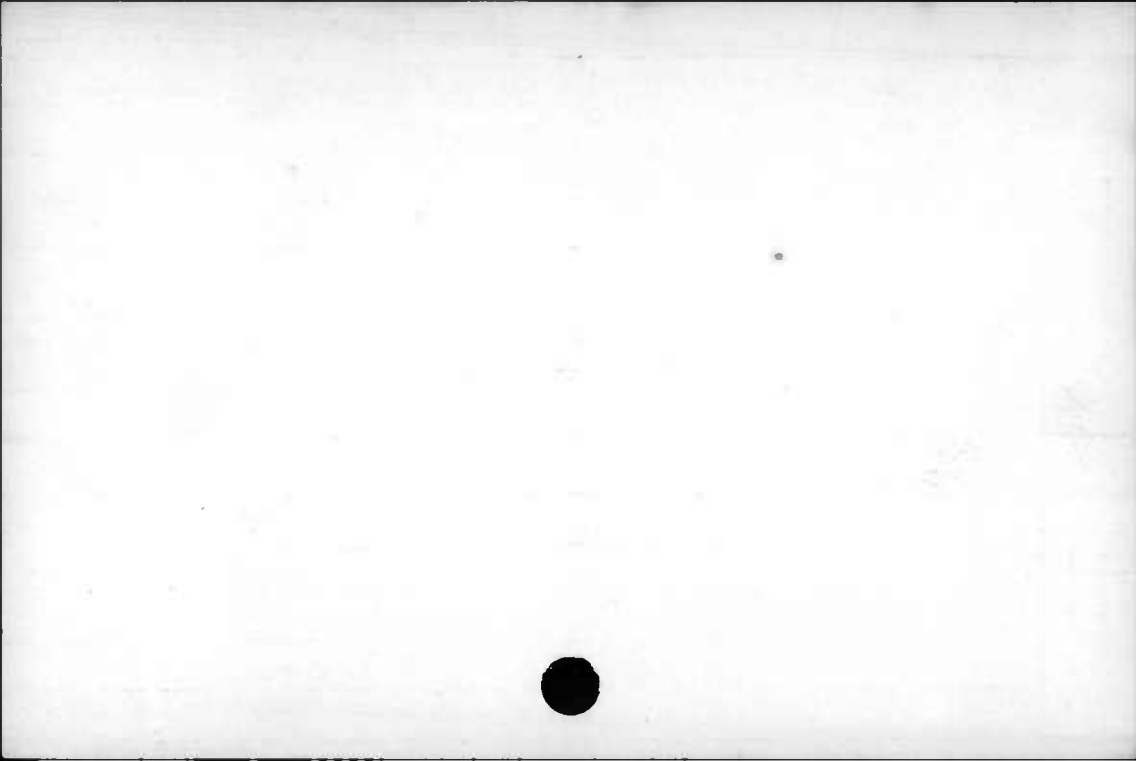
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Catonsville</i> Town			<i>Baltimore</i> County		MARYLAND	
Date of death <i>1905</i>		Month <i>Oct</i>	Day <i>2</i>	Age <i>71</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>			Birth-place <i>Baltimore</i>		
Occupation <i>None</i>			Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>			Name of Wife or Husband			
Father's Name <i>Eli Kendall</i>			Father's Birthplace <i>Pa</i>			
Mother's Maiden Name <i>Not known</i>			Mother's Birthplace			
Name of person giving information <i>A Porter</i>			How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Valv. Insuff. Heart</i>	How long
Immediate	<i>"</i>	How long <i>Sudden</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>D. L. Macfeldt</i>
		Address <i>Health Officer Catonsville Md</i>
Accident or Suicide?		



Name
in
Full

Valentine Price

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} *Balto Co.* ^{County} *Alumhouse*

MARYLAND

Date of death ^{Month} *1905 10* ^{Day} *14* ^{Years} *Age about 88* ^{Months} ^{Days} Sex *Male* Color or Race *White* Birth-place Occupation *Farmer* Where Residing if not at place of death Married, Single or Widowed *Widower* Name of Wife or Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving information

How related to deceased

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Dr. Thos. C. Bussey.
Texas
Md.

Accident or Suicide?

Burial Permit. Transportation &c
Issued by Dr. Joseph S. Baerwin
Sanitary Officer. 6th Dist. Becks. Co. Ind.

Interment - Milledown Cemetery
6th Dist. Becks. Co. Ind.

October 16. 1905

Dieck Beekman P. Alms Horn

Name
in
Full

Orpah C Ray

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Excellon station*

Town

Baltimore

County

MARYLAND

Date of death *1905 Oct 6*

Month

Day

Age *1*

Years

Months *16*Days *11*Sex *Female*Color or
Race*white*Birth-
place*Balto Co Md*

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed*Single*Name of Wife or
HusbandFather's
Name*Frank Ray*Father's
Birthplace*Md*Mother's
Maiden Name*Dorah A. Allen*Mother's
Birthplace*Md*Name of person giving
In formation*Frank Ray*How related
to deceased*Father*

CAUSES OF DEATH

Primary

Broncho Pneumonia

How long

Immediate

Exhaustion

How long

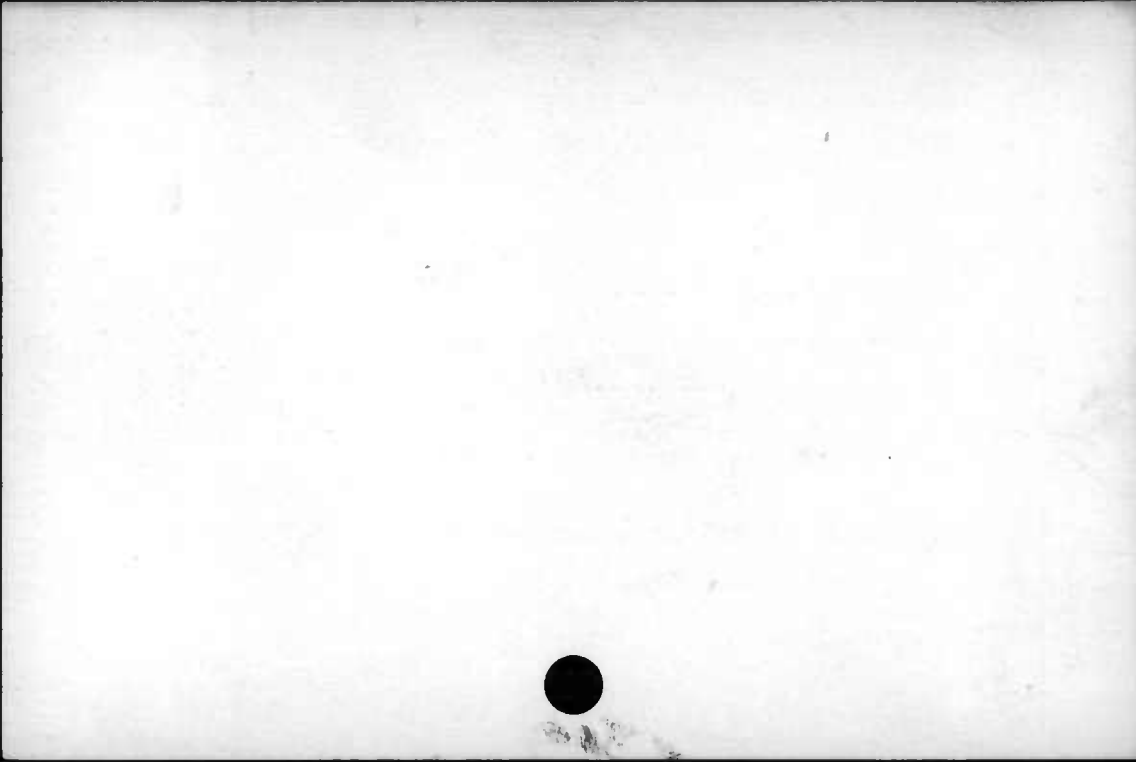
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician*Thomas Staylor*

Address

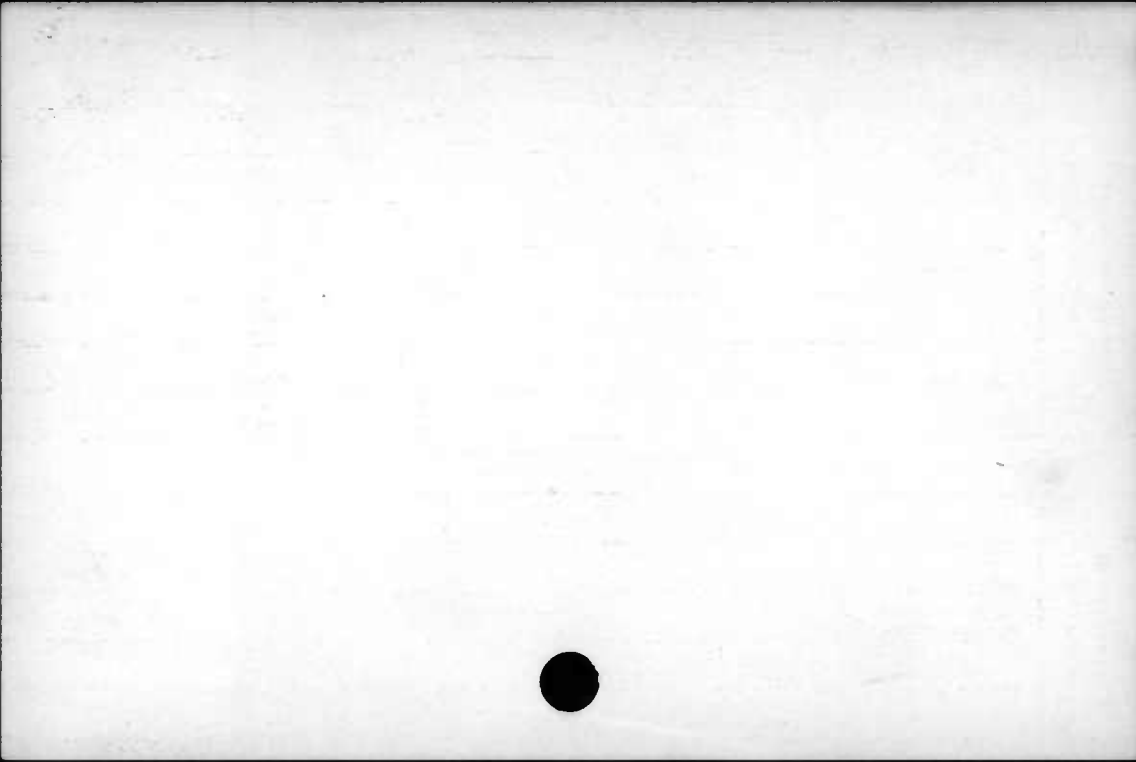
Pikesville

Accident or Suicide?

PHYSICIAN
OR CORONER



Name in Full John N. Rohde		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at 3331 E. Baltimore St. <small>Town</small>		Baltimore <small>County</small>
	Date of death 1905 <small>Month</small> Oct <small>Day</small> 25		36 <small>Years</small> 8 <small>Months</small> 8 <small>Days</small>
	Sex male	Color or Race white	Birth-place Baltimore City
	Occupation Agar maker.	Where Residing if not at place of death 3331 E. Baltimore St.	
	Married, Single or Widowed Single	Name of Wife or Husband	
	Father's Name Charles Rohde	Father's Birthplace	
	Mother's Maiden Name	Mother's Birthplace	
	Name of person giving information Brother W. Rohde	How related to deceased Bro.	
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary Pneumonia followed by acute hemorrhage & exhaustion	How long 10 weeks	
	Immediate	How long	
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician H. Gering M.D.	
	Yes.	Address 1537 Canton Ave. Baltimore Md.	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Highlandtown**Balto*Date of death 190 *5* Month *10*Day *14*Age *—* YearsMonths *7*Days *7*Sex *Male*Color or Race *White*Birth-place *Balto Co*Occupation *—*Where Residing if not at place of death *Chester Place*Married, Single or Widowed *Single*Name of Wife or Husband *—*Father's Name *John Schadel*

Father's Birthplace

Mother's Maiden Name *Mary Stager*Mother's Birthplace *Ind*Name of person giving information *Father, John Schadel*How related to deceased *Father*

CAUSES OF DEATH

Primary *Scarlet fever*
*Exhaustion*How long *3 weeks*

Immediate

How long *6 hours*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *Geo L. Gray*Address *3 And 22ough*Accident or Suicide? *No**Highlandtown*

J. Hennig & Son
St. Matthews Tenn

10/15/05

Name
in
Full

Alvin Schaedrick

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Highlandtown		^{County} Balto.		MARYLAND	
Date of death	1905	Month	10	Day	16
Age		53		Years	2
Sex		Male		Color or Race	White
Occupation		Carpenter		Birth-place	Germany
Where Residing if not at place of death		1320 - 4 th St.			
Married, Single or Widowed	Married		Name of Wife or Husband	Anna Schaedrick	
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information	Anna Schaedrick		How related to deceased	Wife	

CAUSES OF DEATH

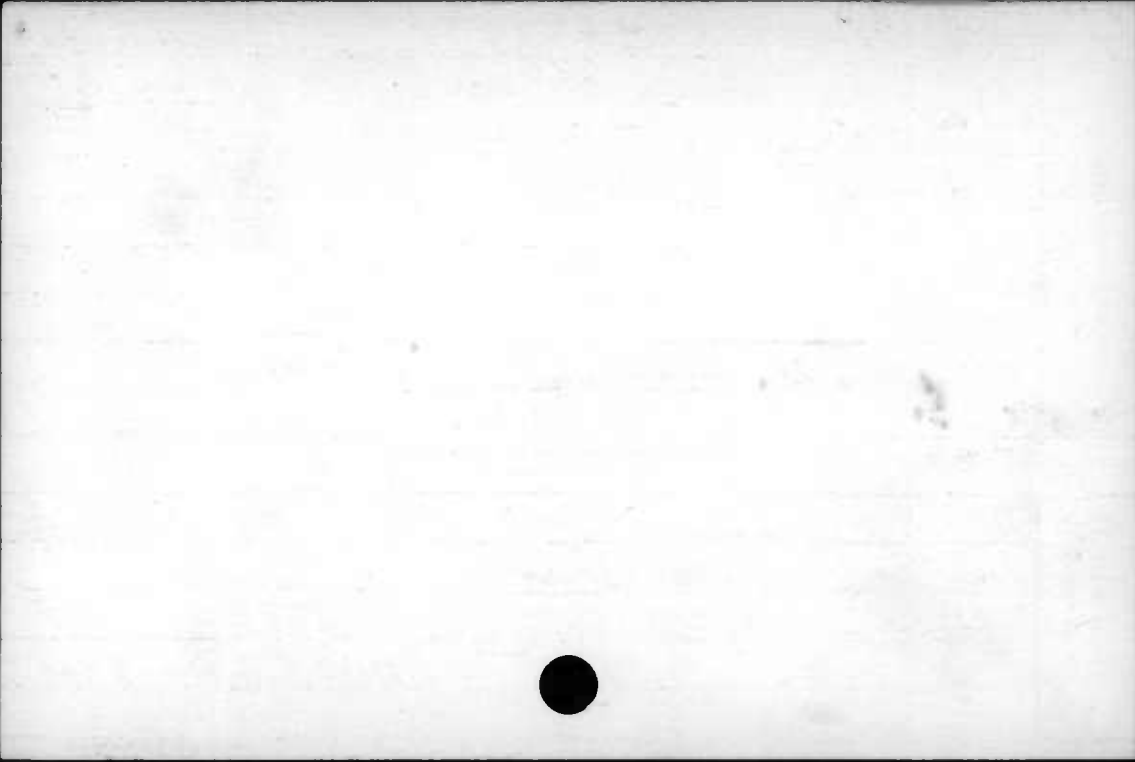
PHYSICIAN
OR CORONER

Primary	Tuberculosis	How long	
Immediate	Consumption of Malaria	How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Frank J. Sebald	
Address		1001 Disgrace St.	
Accident or Suicide?		no	

J. Herwig & Son
Oak Lawn Lem.

10/19/05

Name in Full		Baby Schaub.				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Catonsville		County Baltimore		STATE MARYLAND
	Date of death		1905	Month Oct-28	Day 28 th	Age Years	Months
	Sex		female		Color or Race		white
	Occupation				Birth- place		Catonsville.
					Where Residing if not at place of death		Catonsville.
	Married, Single or Widowed		Single		Name of Wife or Husband		
	Father's Name		Wm Schaub		Father's Birthplace		Catonsville
	Mother's Maiden Name		Katherine Stumpf		Mother's Birthplace		61
Name of person giving In formation		Mrs. Elizabeth Biese		How related to deceased		Aunt	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Miscellaneous G.				How long
	Immediate						How long
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		M. West
					Address		Catonsville
	Accident or Suicide?						



Name
in
Full

Elizabeth Scheuman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Bear CreekCounty ^{County} Balto.

Date of death Oct 1 1905

Month October

Day 1

Age 40

Years

Months

Days

Sex Female

Color or Race

White

Birth-place

Germany

Occupation

Housework

Where Residing if not at place of death

Bear Creek

Married, Single or Widowed

Name of Wife or Husband

Elizabeth Scheuman

Father's Name

Father's Birthplace

Germany

Mother's Maiden Name

Mother's Birthplace

Germany

Name of person giving information

Mrs. Busch

How related to deceased

CAUSES OF DEATH

Primary

Acclusion of bowels

How long

About a week

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

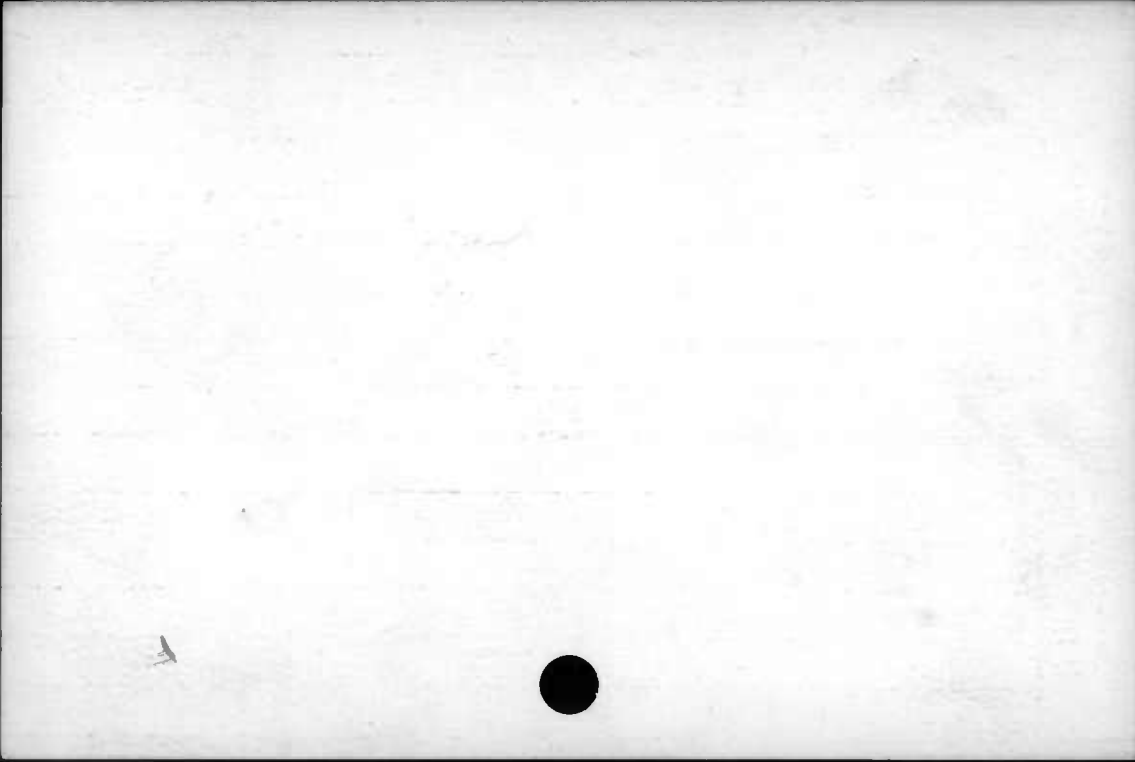
Signature of Physician

Address

E. J. Williams
1108 Chesapeake

Accident or Suicide?

No



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>George Schurider</i>		Town <i>Whitehope Retreat</i>		County <i>Baltimore</i>		State <i>MARYLAND</i>	
Died at		Month <i>Oct</i>		Day <i>15</i>		Years <i>1876</i>	
Date of death		<i>1905</i>		Age <i>76</i>		Months <i>Unknown</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Germany</i>		Days <i>Unknown</i>	
Occupation <i>Book fitter</i>		Where Residing if not at place of death <i>Baltimore Md.</i>		519 S. Wolfe St.			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Anna M. Gruber</i>		German			
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>		Mother's Birthplace <i>Germany</i>			
Mother's Maiden Name <i>"</i>		How related to deceased <i>Daughter</i>		Not at all			
Name of person giving information <i>Rebecca Whitehope Retreat</i>		Lousia Gruber					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Mania Delusional</i>	How long	<i>18 yrs</i>
Immediate	<i>Paralysis & Hypostatic Con-</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. J. Flannery</i>	
Address <i>Whitehope Retreat</i>		<i>Baltimore Co Md.</i>	
Accident or Suicide?			



Name
in
Full

Albert August Schroeder.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Perry Hall</i> ^{Town}		<i>Baltimore.</i> ^{County}		MARYLAND	
Date of death	<i>1905</i> ^{Month} <i>October</i> ^{Day} <i>21st</i>	Age	<i>3</i> ^{Years}	<i>3</i> ^{Months}	<i>15</i> ^{Days}
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Perry Hall.</i>
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	<i>Albert August Schroeder.</i>			Father's Birthplace	<i>Perry Hall.</i>
Mother's Maiden Name	<i>Rosa Miller.</i>			Mother's Birthplace	<i>Baltimore.</i>
Name of person giving information	<i>Rosa Schroeder</i>			How related to deceased	<i>Mother.</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

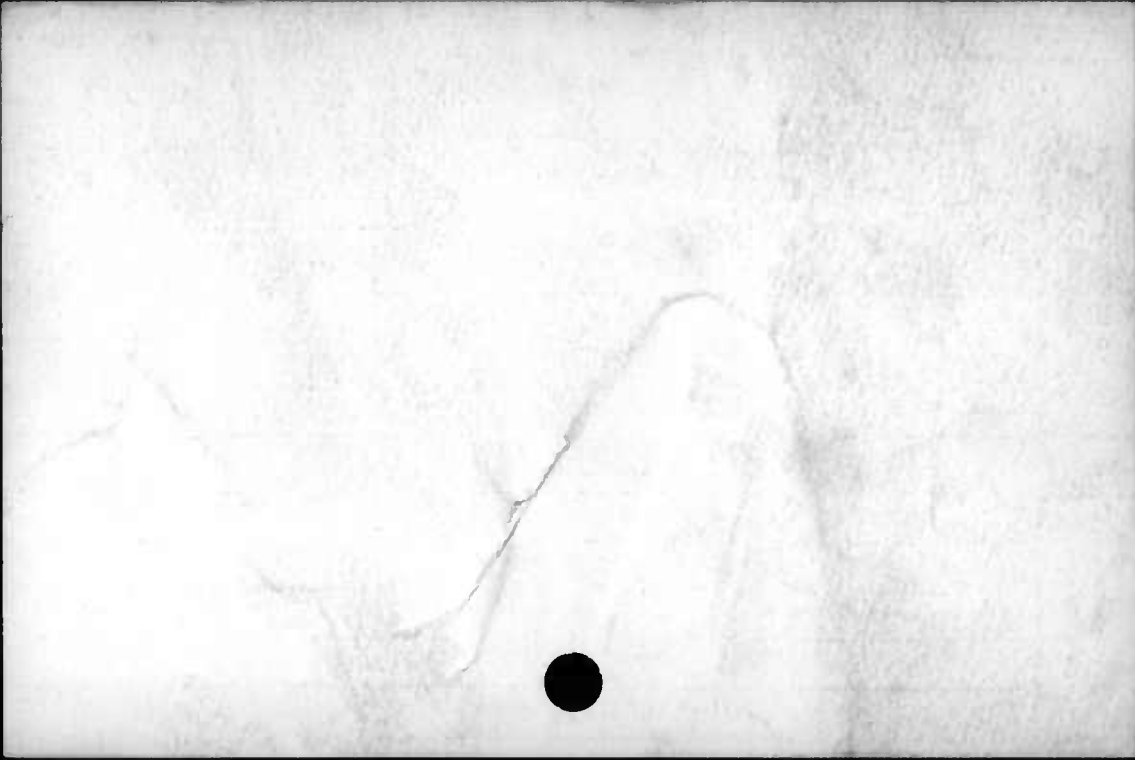
Primary	<i>Cholera Infantum</i>	How long	<i>24 hours.</i>
Immediate	<i>()</i>	How long	<i>()</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes.</i>	Signature of Physician	<i>W. J. Harrison.</i>
		Address	<i>Loch Raven.</i>
Accident or Suicide?			

No 1

St Michaels

J Lassahn San

Name in Full <i>Minnie Louise Scott</i>		CERTIFICATE OF DEATH	
Town <i>Monkton</i>		County <i>Bald</i>	
Died at <i>Monkton</i>		MARYLAND	
Date of death 190 <i>5</i>	Month <i>Oct</i>	Day <i>17</i>	Age Years <i>6</i> Months <i>6</i> Days
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>Monkton</i>	
Married, Single or Widowed <i>Single</i>	Occupation _____		
Name of Wife or Husband _____			
Father's Name <i>David H Scott</i>	Father's Birthplace <i>Harford Co.</i>		
Mother's Maiden Name <i>Florence Bond</i>	Mother's Birthplace <i>Monkton</i>		
Name of person giving information <i>Florence Bond</i>	How related to deceased <i>Mother</i>		
CAUSES OF DEATH			
Primary <i>General Encephalitis</i>	How long <i>Since Birth</i>		
Immediate <i>Spasms</i>	How long <i>2 or 3 hours</i>		
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>A. R. Titcher</i>		
	Address <i>Monkton, Md</i>		
Accident or Suicide?			



Name
in
Full

David Slotker

CERTIFICATE OF DEATH

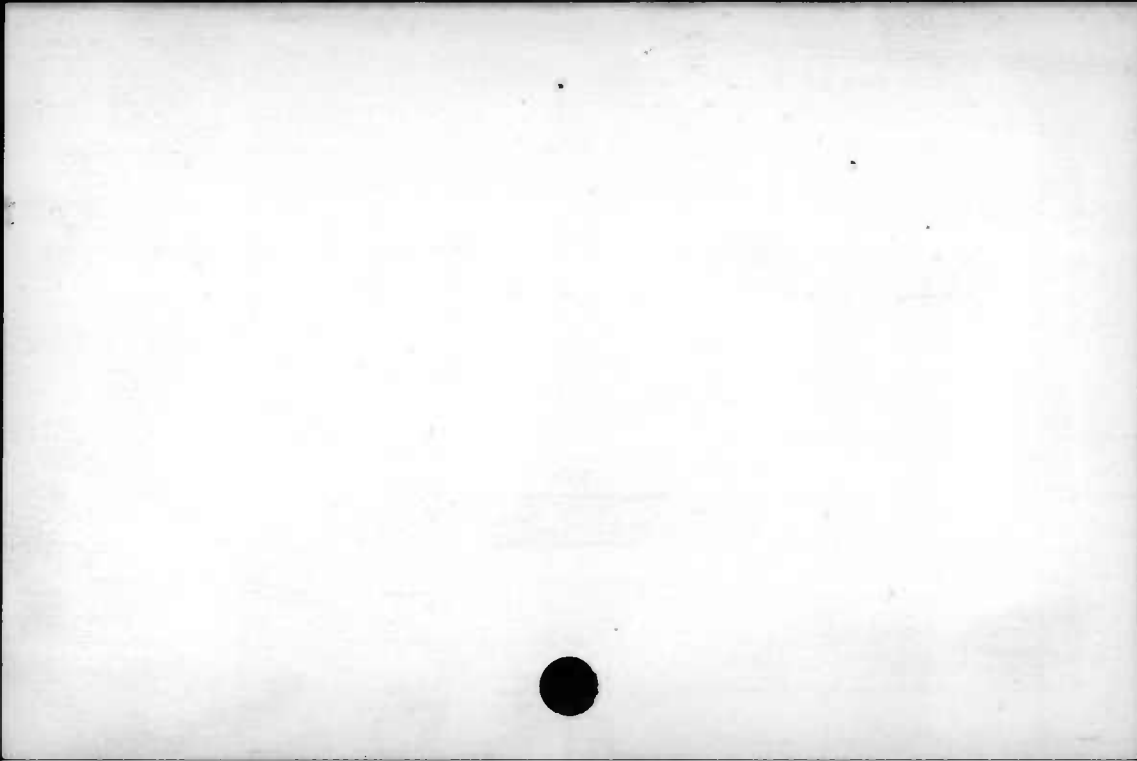
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Bradshaw		County Balls		MARYLAND	
Date of death		1905	Month Oct-	Day 26	Age 70	Years ✓	Months ✓
Sex Male		Color or Race white		Birth-place Germany			
Occupation wheel wright		Where Residing if not at place of death ✓					
Married, Single or Widowed widowed		Name of Wife or Husband ✓					
Father's Name Died in Germany Doubt - known		Father's Birthplace Germany					
Mother's Maiden Name known nothing		Mother's Birthplace "					
Name of person giving information John D. Slotker		How related to deceased son					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Atrophy of Stomach & Liver, & Intestinal obstruction		How long	Several hours
Immediate			How long	one week
Are the name, age, sex, color, date and place correctly given above?		Yes		
Signature of Physician		J. F. H. Couch		
Address		Fork Md -		
Accident or Suicide?				



Name
in
Full

Jessie Smith (Col)

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Antton</u> Town		<u>Batu</u> County		MARYLAND	
Date of death <u>1905</u>	Month <u>Oct</u>	Day <u>11</u>	Years <u>21</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>Colored</u>	Birth-place <u>Va</u>			
Occupation <u>Laborer</u>		Where Residing if not at place of death <u>101 Second St</u>			
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Anna Smith</u>				
Father's Name <u>James Smith Col</u>	Father's Birthplace <u>Va</u>				
Mother's Maiden Name <u>Katie Smith Col</u>	Mother's Birthplace <u>Va</u>				
Name of person giving information <u>Frank J. Joiner</u>	How related to deceased <u>None</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Natural Causes</u>	How long <u>—</u>
Immediate <u>"</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Coroner J. M. G. Muelly</u>
	Address <u>501 N. Clinton St</u>
Accident or Suicide? <u>—</u>	

Theron White

Name
in
Full

James W Sovans.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Catonsville^{County} Baltimore

MARYLAND

Date of death 1905 Oct.

Month

Day

25

Age 33

Years

Months

Days

Sex Male

Color or
Race

Colored

Birth-
place

Catonsville

Occupation Laborer

Where Residing if not
at place of death

Catonsville

Married, Single
~~or Widowed~~ MarriedName of Wife or
~~Husband~~

Hattie Sovans.

Father's
Name

Gerrard Sovans

Father's
Birthplace

Anne Arundel

Mother's
Maiden Name

Annie Sovans

Mother's
Birthplace

Balto Co

Name of person giving
In formation

Edwin Law

How related
to deceased

Brother-in-law

CAUSES OF DEATH

Primary

Delirium Tremens

How long

2 months

Immediate

Asthma

How long

2 weeks

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Marshall B West.

Address

Catonsville
Md.

Accident or Suicide?



Name
in
Full

Wm J. Stickell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Lansdowne		County Baltimore		MARYLAND	
Date of death		1905	Month Oct	Day 2	Age 29	Years 4	Months 22
Sex Male		Color or Race White		Birth- place Baltimore, Md			
Occupation Wood Worker		Where Residing if not at place of death Lansdowne, Md					
Married, Single or Widowed X married		Name of Wife or Husband Grace R. Stickell					
Father's Name Harrison J. Stickell		Father's Birthplace D.C.					
Mother's Maiden Name Emma Eastley		Mother's Birthplace Baltimore, Md					
Name of person giving Information Grace R. Stickell		How related to deceased wife					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Typhoid fever	How long	1 month
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Hank H. Rube	
		Address Lansdowne, Md.	
Accident or Suicide?			

$$\begin{array}{r} 1905 \\ 1876 \\ \hline 29 \end{array}$$

- 4

22

Name
in
Full

Amanda Thomas

CERTIFICATE OF DEATH

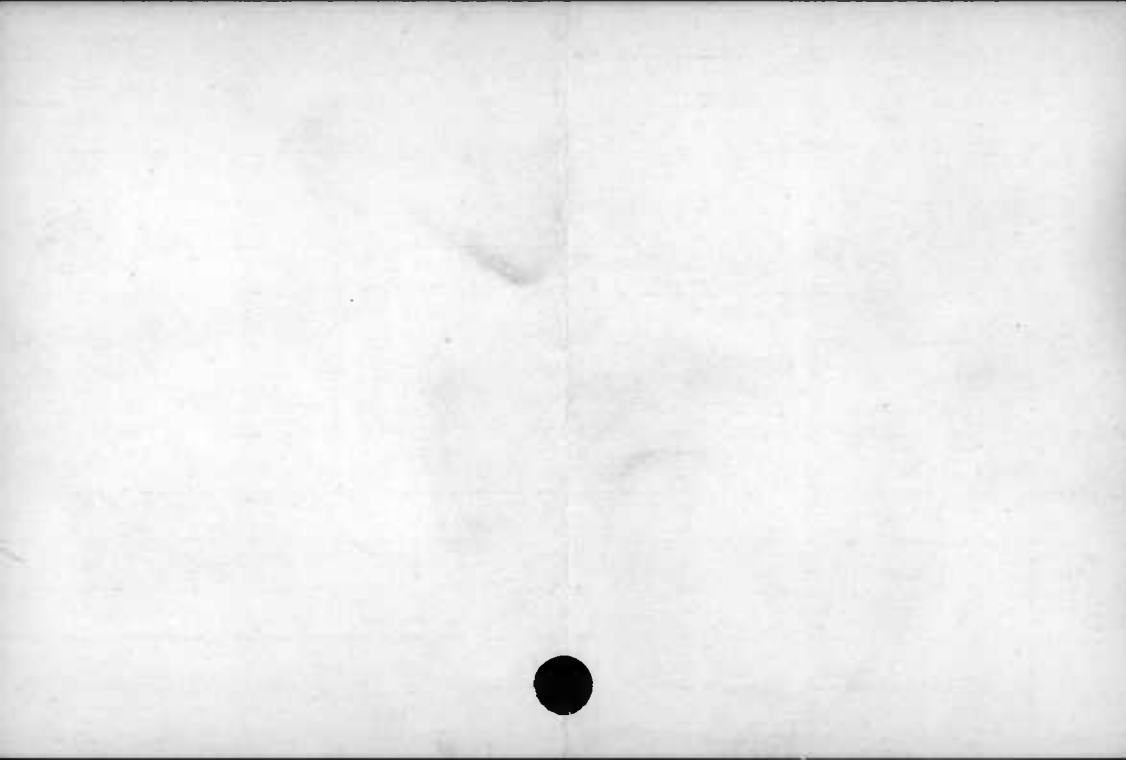
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Patuxent Neck</i>		County <i>Baltimore</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>Oct.</i>	Day <i>7th</i>	Age <i>34</i>	Years	Months
Sex <i>Female.</i>	Color or Race <i>Negro.</i>		Birth-place <i>Pa</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband <i>Jaris Thomas</i>				
Father's Name <i>Doctor Walker</i>	Father's Birthplace <i>Pa</i>				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information <i>Carrie E Washington</i>	How related to deceased <i>Cousin</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>4 weeks</i>
Immediate <i>Exhaustion</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>F. Le - Elwood M. D.</i>
	Address <i>Sparks Point</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Martha Thomas

MARYLAND

Died ^{Town} Simonum^{County} Balto Co

Date of death 1905 Oct

Day 19

Age 81

Months

Days

Sex Female

Color or Race

White

Birth-place

Balto Co

Occupation House Keeper

Where Residing if not at place of death

Simonum

Married, Single or Widowed

Widow

Name of Wife or Husband

Geo Thomas

Father's Name

John Cox

Father's Birthplace

England

Mother's Maiden Name

Susanne Gill

Mother's Birthplace

Balto Co Md

Name of person giving information

Anna Cockey

How related to deceased

Daughter

CAUSES OF DEATH

Primary

Fibrous Pneumonia

How long

4 day

Immediate

=

How long

—

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

B. F. Busey M.D.

Address

Lentz Md.

Accident or Suicide?

A S Marshall

3539 Fall Road

Baltimore City

Grace M. P. Church

@ Lubert Ridge.

Name in Full Earl Thompson		CERTIFICATE OF DEATH			
Died at McLarnel Town		Baltimore County		MARYLAND	
Date of death 1905	Month Oct	Day 17	Age	Years	Months 18 Days
Sex male	Color or Race white	Birth-place McLarnel			
Married, Single or Widowed single		Occupation "			
Name of Wife or Husband					
Father's Name George Thompson			Father's Birthplace McLarnel		
Mother's Maiden Name Martha L. Perry			Mother's Birthplace McLarnel		
Name of person giving information Edward Thompson			How related to deceased Brother		
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary	No apparent		How long	
	Immediate	Spasm		How long 1 hour	
	Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician A. B. Mitchell		
			Address Mount Airy, Md.		
Accident or Suicide?					



Name
in
Full

Mary Carrie Toland

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Canton^{County} Baltimore

Date of death 1905 Oct.

Day 9

Age Years 2

Months

Days

Sex Female

Color or
Race

White

Birth-
place

Md.

Occupation

None

Where Residing if not
at place of deathMarried, Single
or Widowed

single

Name of Wife or
HusbandFather's
Name

James F. Toland

Father's
Birthplace

Pa.

Mother's
Maiden Name

Annie M. Tinney Toland

Mother's
Birthplace

Pa.

Name of person giving
Information

James F. Toland

How related
to deceased

Father

CAUSES OF DEATH

Primary

Laryngeal Diphtheria

How long

12 hrs

Immediate

Heart Failure

How long

3 hrs

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

N. L. Burke, M.D.

Address

222 Osbornell St

Accident or Suicide?

Holy Cross Cemetery

Oct. 10 ^h/₂ 1905—

Germanus France

Name
in
Full

John H Tyson

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Mar Fairview

Batts

Date

of death 1906

Month

Oct

Day

16

Years

42

Age

Months

Days

Sex

male

Color or
Race

Colored

Birth-
place

Batts Co Md

Occupation

Day Labor

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Chas Tyson

Father's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formation

Samuel Adams

How related
to deceased

near Friend

CAUSES OF DEATH

Primary

Heart Disease

How long

1 yr

Immediate

dropsy

How long

4 mo

Are the name, age, sex, color, date
and place correctly given above?

Yes

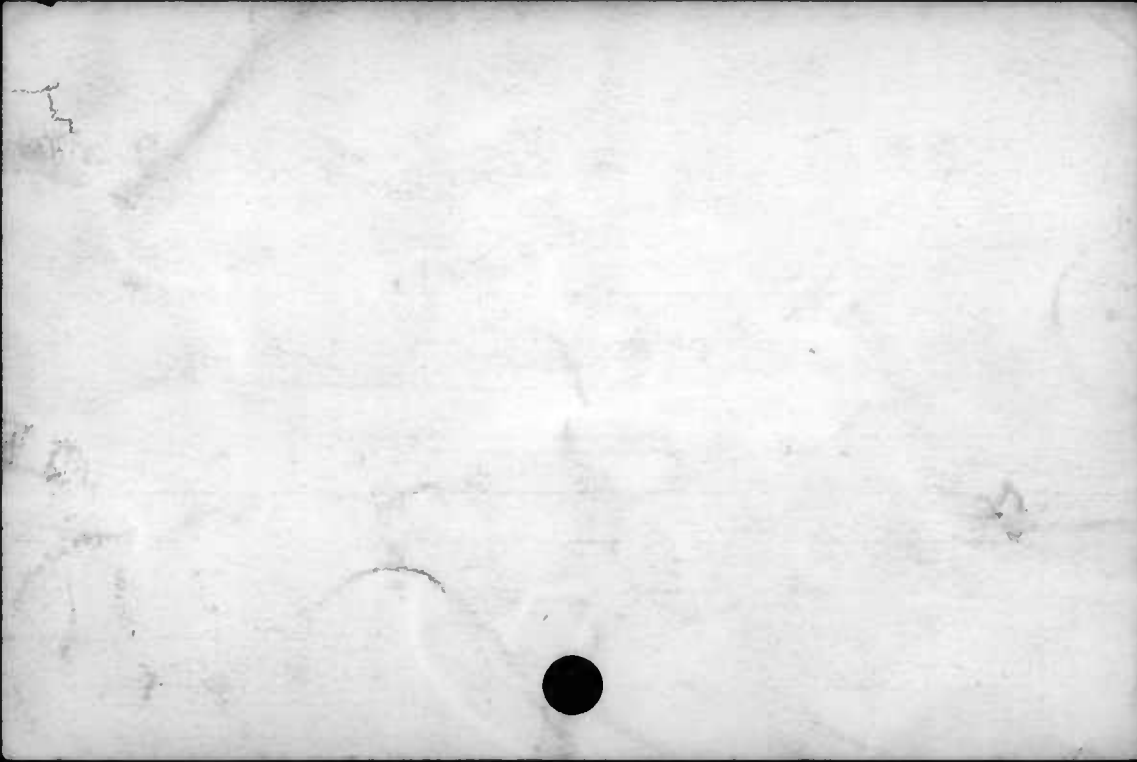
Signature of
Physician

Address

J. H. Wilam, M.D.
Fowbleburg
Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Madeline Uffler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Overton</i> ^{Town}		<i>Bath</i> ^{County}		MARYLAND	
Date of death	<i>1905</i>	Month	<i>Oct</i>	Day	<i>13</i>
Age		<i>40</i>		Months	
Sex	<i>F</i>	Color or Race	<i>W</i>	Birth-place	<i>Germany</i>
Occupation	<i>wife</i>		Where Residing if not at place of death		
Married, Single or Widowed	Name of wife or Husband		<i>Charles Uffler</i>		
Father's Name	<i>John Wood</i>		Father's Birthplace	<i>Germany</i>	
Mother's Maiden Name	<i>Anna Gatz</i>		Mother's Birthplace	<i>"</i>	
Name of person giving information	<i>Hubert J. Uffler</i>		How related deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Organic Heart Disease, Heart Arr</i>	How long	<i>1 Year</i>
Immediate	<i>Paralysis of Heart</i>	How long	<i>19</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	
Signature of Physician		<i>Henry F. Cassidy M.D.</i>	
Address		<i>Reliance Park Rd</i>	
Accident or Suicide? <i>No</i>			

H S Mawhall
3539 Falls Road

Oct 15-05

St Mary Catholic Church
Groveland

Name
in
Full

CERTIFICATE OF DEATH

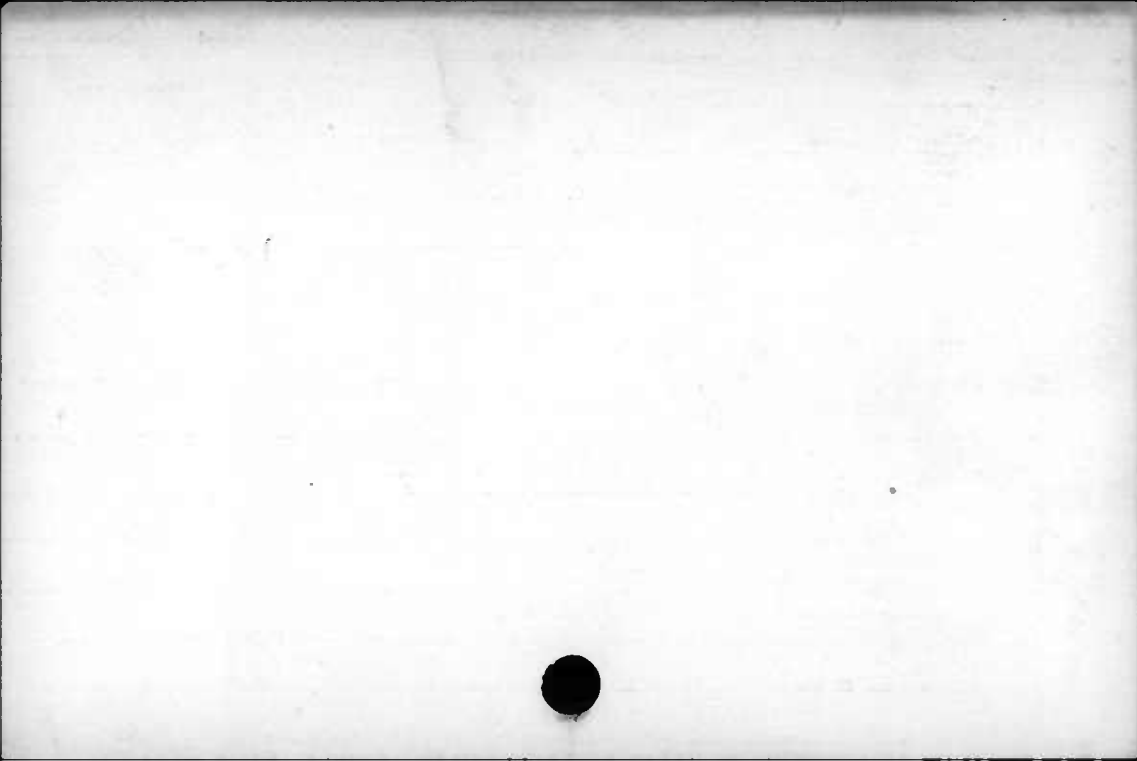
TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Vaughn, Mary* ^{Town} *Calonsville* ^{County} *Bullo*Date of death *1905* ^{Month} *Oct* ^{Day} *2* ^{Age} *85* ^{Years} *Months* *Days*Sex *Female* Color or Race *white* Birth-place *Ind.*Occupation *Waver* Where Residing if not at place of death *X*Married, Single or Widowed *Single* Name of Wife or Husband *X*Father's Name *X* Father's Birthplace *X*Mother's Maiden Name *X* Mother's Birthplace *X*Name of person giving information *X* *(120)* How related to deceased *X*

CAUSES OF DEATH

PHYSICIAN
OR CORONERPrimary *Chronic Insanity* How long *20 yrs.*Immediate *Ch. M. Dis. obd. aged* How long *5 yrs.*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *Wm. Wade*Address *Calonsville*Accident or Suicide? *No*



Name
in
Full

Anolio Washington

CERTIFICATE OF DEATH

MARYLAND

Died at ^{Town} *Huellville*^{County} *Balto*Date of death 190 ⁵ ^{Month} *10* ^{Day} *26* ^{Age} *—* ^{Years} *—* ^{Months} *—* ^{Days} *4*Sex *Female* Color or Race *colored* Birth-place *Huellville, Balto*Married, Single or Widowed *Infant*Occupation *—*Name of Wife or Husband *—*Father's Name *T. C. Washington*Father's Birthplace *Ill*Mother's Maiden Name *Anolio Washington*Mother's Birthplace *Pennore*Name of person giving information *T. C. Washington*How related to deceased *Father*

CAUSES OF DEATH

Primary *Natural Causes*How long *—*Immediate *—*How long *—*

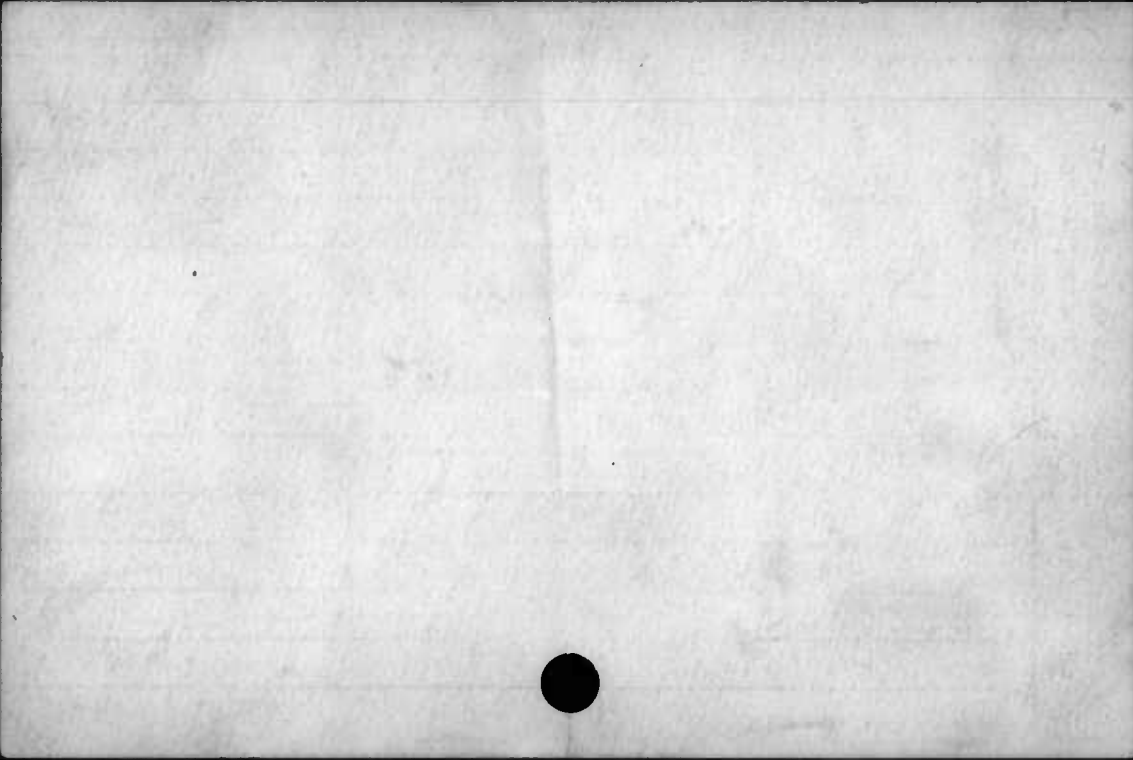
Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician or Coroner

Address

*August W. Miller, Coroner**Mrs. Williams*Accident or Suicide? *—**Balto Md*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

William Watts

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Catonsville		County Baltimore		MARYLAND	
Date	Month	Day	Years	Months	Days		
of death	1905	October	12	Age	63	7	0
Sex	male		Color or Race	white		Birth-place	Annapolis Md
Occupation	Salesman		Where Residing if not at place of death Catonsville Md				
Married, Single or Widowed	Married		Name of Wife or Husband	Hannah A. Watts			
Father's Name	Wm Watts		Father's Birthplace	Unknown			
Mother's Maiden Name	Unknown		Mother's Birthplace	Unknown			
Name of person giving information	Wife Hannah Watts		How related to deceased	Wife			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Chr. Bright Disease	How long	3 years
Immediate	Uraemic Convulsions	How long	3 hours
Are the name, age, sex, color, date and place correctly given above?		Yes.	
Signature of Physician		J. Percy Wade	
Address		Md. Hospital	
Accident or Suicide?		No	
		Catonsville Md -	

Wm Cook

Removal to

507 E North Ave

Removal to London Park Cn

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Batonville</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death <i>1905</i>		Month <i>10</i>	Day <i>26</i>	Years <i>21</i>	Months <i>6</i>	Days <i>10</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore</i>			
Occupation <i>None</i>		Where Residing if not at place of death <i>837 Wignith St.</i>					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Charles Weber</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Mary Strible</i>		Mother's Birthplace <i>Baltimore</i>					
Name of person giving information <i>Mrs. Strible</i>		How related to deceased <i>(21)</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary tuberculosis</i>	How long	<i>1 year</i>
Immediate	<i>Cardiac asthma</i>	How long	<i>10 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>T. M. Keom</i>	
<i>born from Baltimore City, Black</i>		Address <i>1938 Linden Ave</i>	
Accident or Suicide?			



Name in Full		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Grange</i> Town		<i>Baltimore</i> County		MARYLAND	
	Date of death	<i>1905</i>	Month <i>Oct</i>	Day <i>15</i>	Age <i>49</i> Years	Months <i>3</i> Days <i>9</i>
	Sex	<i>Female</i>		Color or Race	<i>White</i>	
	Occupation	<i>None</i>		Birth-place	<i>Germany</i>	
	Where Residing if not at place of death		<i>C</i>			
	Married, Single or Widowed	<i>Widowed</i>		Name of Wife or Husband	<i></i>	
	Father's Name	<i>John M. Matthar</i>		Father's Birthplace	<i>Germany</i>	
Mother's Maiden Name	<i>Catherine M. Bock</i>		Mother's Birthplace	<i>Germany</i>		
Name of person giving information	<i>George Wenig</i>		How related to deceased	<i>Son</i>		
CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary	<i>Chronic Nephritis</i>		How long	<i>—</i>	
	Immediate	<i>Endocarditis</i>		How long	<i>—</i>	
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		<i>M. J. McAvoy MD</i>	
			Address		<i>139 S. Center</i>	
Accident or Suicide?						

H. Sanders & Sons
Mount Carmel

In Athens in
the West

Name
in
Full

Albina Whitman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Highland		Baltimore					
Date	Month	Day	Years	Months	Days		
of death	1905	Oct.	15	Age	38	7	21
Sex	Female	Color or Race	White	Birth-place	Germany		
Occupation	None			Where Residing if not at place of death			
Married, Single or Widowed	Widowed			Name of Wife or Husband			
Father's Name	Not Known			Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information	Rev. W. Jones			How related to deceased			
			Friend				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long	18 Mos.
Immediate	Cardiac Exhaustion	How long	24 hrs.
Are the name, age, sex, color, date and place correctly given above?		Yes.	
Signature of Physician		J. A. Glantz M.D.	
Address		41 Eastern Ave. E.	
Accident or Suicide?			

H Sander & Sons
Carr Lane
Leicester

Dr Blunt
Eastern & British

Name
in
Full

Claude M. Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Highlandtown^{County} BaltimoreDate
of death 190

Month

Oct

Day

12

Age

Years

None

Months

5

Days

15

Sex

Male

Color or
Race

White

Birth-
place

Highlandtown

Occupation

Where Residing if not
at place of death

19 East Ave. (North)

Married, Single
or Widowed

A.

Name of Wife or
HusbandFather's
Name

Charles Wilson

Father's
Birthplace

Baltimore

Mother's
Maiden Name

Payton

Mother's
Birthplace

Baltimore

Name of person giving
Information

Father.

How related
to deceased

Parents.

CAUSES OF DEATH

Primary

Protruding Intestine

How long

4 days

Immediate

Exhaustion

How long

day

Are the name, age, sex, color, date
and place correctly given above?

Yes.

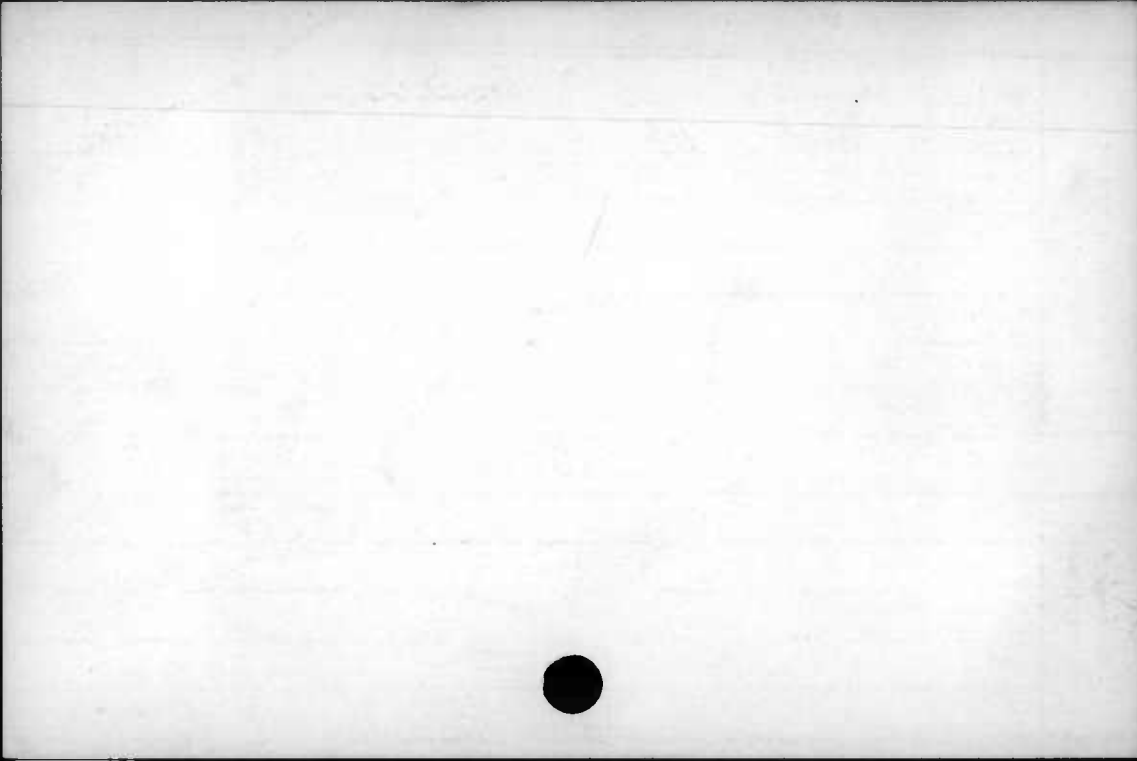
Signature of
Physician

Address

G. B. Blades.

121 Jackson Place

Accident or Suicide?



Name
in
Full

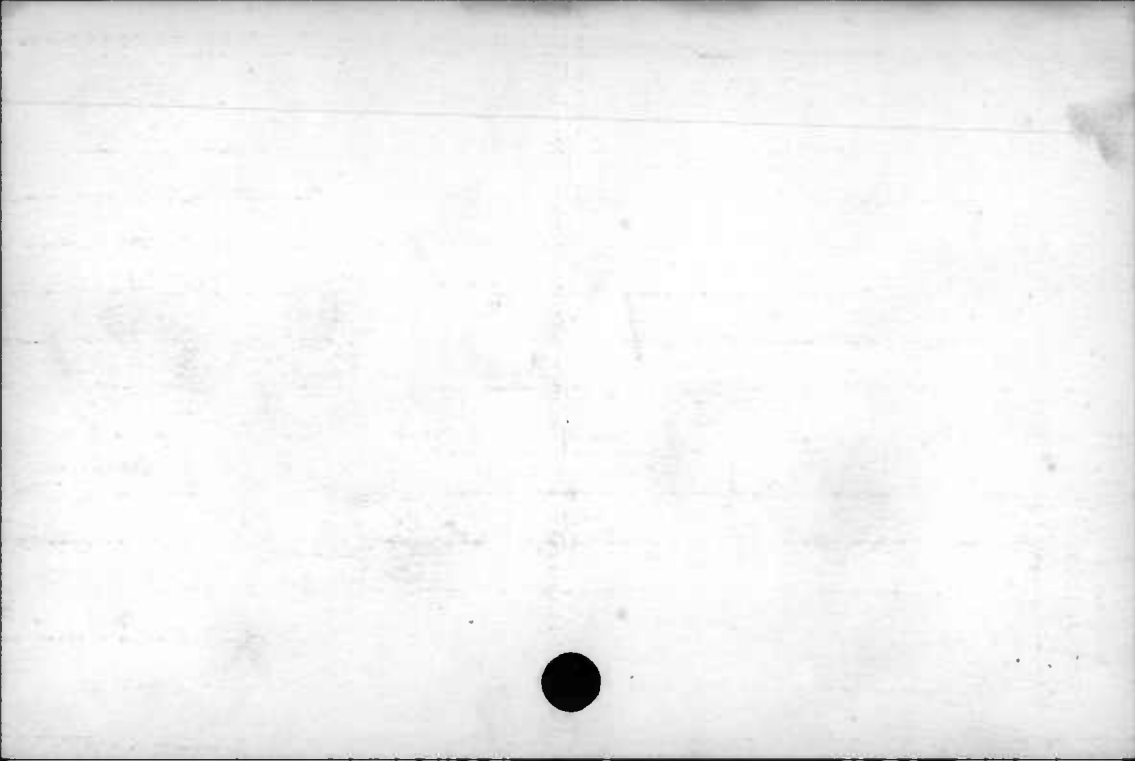
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Benzies</i>		Town <i>Balto</i>		County	
Date of death <i>1905</i>		Month <i>Oct</i>		Day <i>14</i>	
Age <i>—</i>		Years <i>—</i>		Months <i>2</i>	
Sex <i>—</i>		Color or Race <i>—</i>		Birth-place <i>—</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>John F. Wolfe</i>		Father's Birthplace <i>—</i>			
Mother's Maiden Name <i>—</i>		Mother's Birthplace <i>—</i>			
Name of person giving information <i>—</i>		How related to deceased <i>—</i>			

CAUSES OF DEATH

Primary	<i>Enter Colitis</i>	How long <i>105</i>
Immediate	<i>—</i>	How long <i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	<i>—</i>	Signature of Physician <i>E. Villan</i>
	<i>—</i>	Address <i>Passaic N.J.</i>
Accident or Suicide?	<i>—</i>	



Name
in
Full

Wm Thomas Wootton

CERTIFICATE OF DEATH

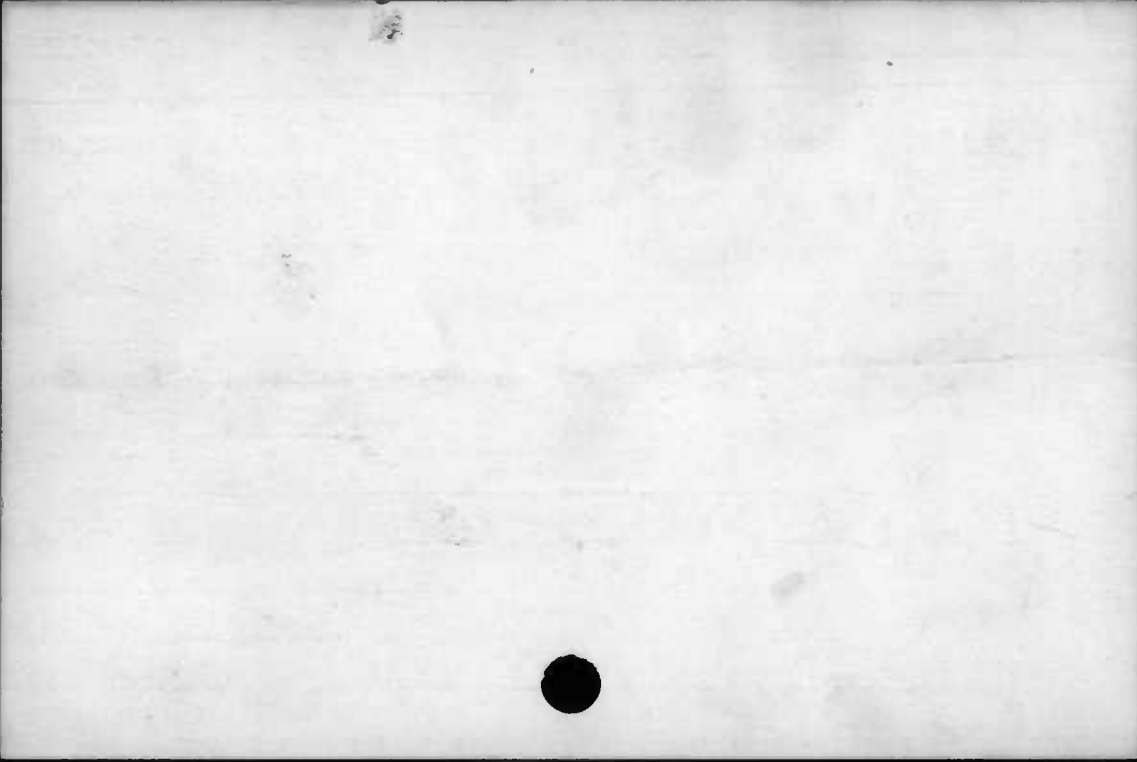
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Franklin Town</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	1905	Month <i>October</i>	Day <i>23</i>	Age <i>87</i>	Months <i>1</i> Days <i>19</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>		
Occupation <i>Carpenter</i>	Where Residing if not at place of death <i>Franklin Town</i>				
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>—</i>				Father's Birthplace <i>—</i>	
Mother's Maiden Name <i>—</i>				Mother's Birthplace <i>—</i>	
Name of person giving information <i>Mrs A R Lusby</i>				How related to deceased <i>Daughter</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Portal shot Wound</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr. C. L. Maffelato</i>
	Address <i>Angst C L...</i>
Accident or Suicide? <i>Accident</i>	<i>Coroner</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Construction Camp</i>		<i>Yancy (M. M.)</i> County <i>Baltimore</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>Oct</i>	Day <i>4</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Near Alberton, Balt. Co., Md.</i>	
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>Stephen Yancy</i>			Father's Birthplace <i>Austria</i>		
Mother's Maiden Name <i>Aunie Copsenszi</i>			Mother's Birthplace <i>Austria</i>		
Name of person giving information <i>Stephen Yancy</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>died in utero,</i> <i>Hemorrhage from Mother's leg</i>	How long <i>(Var. Ven.)</i> <i>about 4 weeks</i>
Immediate <i>Placental Atrophy (?)</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. B. Gaubril</i>
	Address <i>Alberton, Md.</i>
Accident or Suicide? <i>—</i>	

